

Bundle Academic Partnership Committee Open 6 March 2026

Agenda attachments

- 00 Agenda APC 6 March 2026
- 0 10:30 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
Item 02 Board Member Register of Interests – 13 February 2026
- 3 Minutes of the last meeting held on 7 October 2025
Item 03 2025–10–07 Academic Partnership Committee unconfirmed minutes OPEN
- 4 Ratification of Chair's Actions (APC ToR & Responsible Research Development Annual Plan 2025–2030)
Item 04 Ratification of Chair's Actions
Item 04 Annex 1 APC Terms of Reference 2026–27
Item 04 Annex 2 Responsible Research Development and Innovation WAST 5 Year Plan 2025–2030
- 5.1 Action Log & Matters Arising
Item 05.1 Action Log
- 5.2 AAA Highlight Report from 7 October 2025 Meeting
Item 05.2 Academic Partnership Committee report October 2025
- 5.3 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 6 10:35 – Responsible Research Development Five Year Plan 2025–2030 [Verbal]
- 7 10:45 – NHS Research and Development Framework Assessment 2026 (including the impact of WAST Research)
Item 07 NHS R&D Framework – Assessment Template
Item 07 Annex 1 NHS R&D Framework – Assessment Template Current Status
Item 07 Annex 2 Impact of WAST Research
Item 07 Annex 3 Letter from Isabel Oliver and Gareth Cross
Item 07 Annex 3.1 NHS RD Framework Assessment 2026 Guidance
- 8 11:05 – Quality Governance Review 2025/26
Annex 1 2025/26 Committee Annual Report
Annex 2 2026/27 Cycle of Business
Item 08 Academic Partnership Committee 2025–26 Quality and Governance Review
Item 08 Annex 1 Academic Partnership Committee Annual Report 2025–26
Item 08 Annex 2 Academic Partnerships Committee Cycle of Business 2026–27 for approval by APC 060326 – tab 1
Item 08 Annex 2 Academic Partnerships Committee Cycle of Business 2026–27 for approval by APC 060326 – tab 2
- 9 11:15 – Update from Research NED [Verbal]
- 9.1 CONSENT ITEMS – None
- 9.2 11:25 – CLOSING ITEMS
- 10 Reflections
- 11 Any Other Business
- 12 Date & Time of the next meeting: 8 September 2026 at 9am

This meeting will take place at Mumbles Room, Matrix House, Swansea SA6 8RE and virtually via Microsoft Teams

Length of Meeting	01:00	Agenda Status:	OPEN Academic Partnership Committee - 6 March 2026				Deadline for Papers: 25 February 2026	Last good practice Exec Review: 25 February 2026				
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format of Item	Item presented by	Paper prepared by	Colleagues to cc	Scheduled at ELT	Further approval route (if app.)	Notes
OPENING ITEMS												
		1	Chair's Welcome, Apologies and Quorum	Information	Standing	n/a	Chair	n/a	n/a	n/a		
		2	Declarations of Interest	To State Conflicts	Standing	n/a	Chair	n/a	n/a	n/a		
		3	Minutes of the last meeting held on 7 October 2025	Approval	Standing	n/a	Chair	n/a	n/a	n/a		
10:30	00:05	4	Ratification of Chair's Actions (APC ToR & Responsible Research Development Five Year Plan 2025-2030)	Approval	Ad Hoc	Paper	Chair	Alex Payne	n/a	n/a		
		5.1	Action Log & Matters Arising	Discussion	Standing	n/a	Chair	n/a	n/a	n/a		
		5.2	AAA Highlight Report from 7 October 2025 Meeting	Discussion	Standing	n/a	Chair	n/a	n/a	n/a		
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION												
10:35	00:10	6	Responsible Research Development Five Year Plan 2025-2030 Update	Assurance	Ad Hoc	Verbal	Andy Swinburn/Nigel Rees	Clinical	Jen Lloyd			
10:45	00:20	7	NHS Research and Development Framework Assessment 2026 (including the impact of WAST Research)	Assurance	Ad Hoc	Paper	Andy Swinburn/Nigel Rees	Clinical	Jen Lloyd			
11:05	00:10	8	Quality Governance Review 2025/26 *2025/26 Committee Annual Report *2026/27 Cycle of Business	Approval	CoB	Paper	Trish Mills	CorGov	Julie Boalch, Alex Payne	n/a		
11:15	00:10	9	Update from Research NED	Discussion	CoB	Verbal	Hayley Hutchings	n/a	n/a	n/a		
CONSENT ITEMS - None												
CLOSING ITEMS												
		10	Reflections	Discussion	Standing	n/a	Chair	n/a	n/a	n/a		
11:25	00:05	11	Any Other Business	Discussion	Standing	n/a	Chair	n/a	n/a	n/a		
		12	Date & Time of the Next meeting: 8 September 2026 at 9am	Information	Standing	n/a	Chair	n/a	n/a	n/a		
11:30	01:00	CLOSE										

Following the meeting, members are invited to participate in a guided tour of the Education Suite, led by Jo Kelso and her team.

LEAD PRESENTERS

Name	Position
Hannah Rowan	Non Executive Director and Chair
Prof. Hayley Hutchings	Non Executive Director
Trish Mills	Director of Corporate Governance / Board Secretary
Prof. Nigel Rees	Assistant Director of Research and Innovation
Andy Swinburn	Executive Director of Paramedicine

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Member of the Royal College of Nursing	Non-Financial Professional	2007		
		Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
BROOKS, Lee	Executive Director of Operations	Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
		Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director – Action for Children [04764232]	Directorships	01 February 2021		
		Company Director – Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director – National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024	30 September 2025	
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd I05268303	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair - Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015
Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships			29 August 2017		
Company Director – Citizen Treasury Vehicle Ltd	Directorships			04 September 2017		
Chair - North Devon Homes	Position in Charity or Voluntary Organisation			01 October 2021	January 2025	
Company Director - North Devon Homes	Directorships			01 April 2022		
Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation			26 March 2024		
Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships			26 March 2024		
Company Director - Green Square Estates Ltd [8719365]	Directorships			26 March 2024		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncomel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025	
		Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultancy (temporary cover for the Director of Operations - Clinical Trials Unit) at Wolverhampton University	Financial Interest	10 October 2025	31 December 2025	
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church - Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROBERTS, Edward	Interim Finance Director (from 09 September 2025)	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017	31 March 2025	
		Fellow of the British Computer Society - FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel - Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026	
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
WOOD, Emma	Chief Executive (from 01 October 2025)	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		External Moderator for HR Masters modules for University West of England	Financial Interest	September 2024	21 January 2026	
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025		



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**WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
UNCONFIRMED MINUTES OF THE ACADEMIC PARTNERSHIP COMMITTEE
OPEN MEETING HELD REMOTELY VIA MICROSOFT TEAMS ON 7 OCTOBER 2025**

MEMBERS PRESENT:

Hannah Rowan	Non-Executive Director and Committee Chair
Jayne Beeslee	Non-Executive Director
Hayley Hutchings	Non-Executive Director

PRESCRIBED ATTENDEES:

Jonathan Chippendale	Assistant Director for Clinical Development
Estelle Hitchon	Director of Partnerships & Engagement
James Houston	Assistant Director for Planning and Transformation
Jo Kelso	Head of Workforce Education and Development
Nigel Rees	Assistant Director of Research & Innovation
Andy Swinburn	Executive Director of Paramedicine

ATTENDEES:

Julie Boalch	Assistant Director of Corporate Governance & Risk
Colin Dennis	Chair of the Trust Board
Keith Dorrington	Ass. Director Digital – Chief Clinical Information Officer
Sarah Harland	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

APOLOGIES:

Carl Kneeshaw	Director of People
Mark Marsden	TU Partner
Trish Mills	Director of Corporate Governance/Board Secretary
Keith Rogers	TU Partner
Jonny Sammut	Director of Digital Services

1. CHAIR'S WELCOME. APOLOGIES AND QUORUM

- 1.1 The Chair welcomed members and apologies were noted. It was confirmed Keith Dorrington would be deputising for Jonny Sammut.
- 1.2 It was confirmed the meeting met quorum.

The Committee RESOLVED to:

Note the apologies and were assured that the meeting met quorum.

2. DECLARATIONS OF INTEREST

- 2.1 The Chair advised one of her conflicts of interest has come to an end and will be appropriately reported through the Corporate Governance Team.

3. MINUTES OF THE LAST MEETING 23 JANUARY 2025

- 3.1 The Minutes from the meeting of the Academic Partnership Committee (APC) held on 23 January 2025 were agreed as an accurate record.

The Committee RESOLVED to:

Approve the minutes of the open meeting of the Academic Partnership Committee held on 23 January 2025 which were agreed as an accurate record.

4. ACTION LOG AND MATTERS ARISING

- 4.1 The Action Log was considered:

53/24c University Trust Status Benefits Realisation Through the effectiveness reviews, a proposal whether learning and development remain with PCC or move to APC. A conversation to be had between Ceri, Hannah, Estelle, Andy and Carl. ***Update 7 October 2025 Julie Boalch confirmed that the paper presented under agenda Item 9, 2025/26 Quality Governance Reviews, comprehensively addresses the proposed changes and recommended that the current action is closed.***

55/24 Research Governance Framework Leanne Smith was looking at growing a data science capability to move beyond just accessing data to predictive modelling and using information to drive decision making. The Chair referenced the update on the National Data Repository, which was expected to come to a meeting post March 2025. ***Update 7 October 2025 Keith Dorrington reported there is no confirmed timeline for the national data resource, progress is ongoing and therefore to remain open.***

- 4.2 The Committee AAA Highlight Report from the meeting held on 23 January 2025 was noted.

The Committee RESOLVED to:

Consider the Action Log and receive the Highlight Report from the meeting held on 23 January 2025 was noted.

5. ANNUAL RESEARCH AND INNOVATION REPORT 2024/25

- 5.1 The Chair presented the Annual Research and Innovation Report, highlighting key figures, investment returns, and collaboration opportunities. Andy Swinburn reported team growth, sector leadership, major studies such as Paramedic 3, innovative collaborations and new team members.
- 5.2 Nigel Rees praised the small, high performing research team, highlighted the risks of relying on a few senior researchers, thanked Chris Moore on his retirement, welcomed Mike Brady and highlighted the breadth of research and the success of the 999 Respond study.
- 5.3 Hayley Hutchings congratulated the team on their involvement in prestigious studies and praised the achievement of the New England Journal of Medicine publication. Additionally, Hayley commended the team's engagement across Wales through workshops and visits. The Chair acknowledged Hayley's comments, highlighting the value of having an embedded academic expert to provide sector context, and emphasised the importance of understanding the significance of recent achievements.
- 5.4 Jayne Beeslee praised the team's research and requested future reports show return on investment and patient impact, including real life examples. Nigel agreed, noting challenges in tracking outcomes, and committed to reporting on research impact. This was agreed as a formal action to be brought back to the Committee in 2026.
- 5.5 The Chair agreed on the importance of tracking research impact but noted the challenge of prioritising areas while pursuing studies with available funding. Estelle Hitchon highlighted the increased visibility of the research team's work, which is helping engagement across the Trust. The Chair thanked the team for their creativity and expressed enthusiasm for future developments.

The Committee RESOLVED to:

Noted and took assurance from the receipt of the Trust's Research & Innovation Annual Report 2024/25.

6. FEEDBACK FROM THE HEALTH CARE RESEARCH WALES REVIEW

- 6.1. The Chair introduced the Health Care Research Wales (HCRW) Review feedback item by contrasting this year's positive meeting tone with the previous year's more challenging review, attributing the improvement to the organisation's commitment to research governance and making research more visible and meaningful across the organisation.

- 6.2 Andy Swinburn noted the review meeting was more constructive than previous years, reflecting improved atmosphere and transparency. The Chair highlighted growing interest in the Trust's research from other ambulance services and stressed the need to keep research visible and regularly discussed at Board level, regardless of governance changes. Estelle Hitchon agreed, cautioning against deprioritising research. Andy also called for expanding research to include wider aspects of the organisation, for example workforce and organisational culture, and the Chair supported aligning research with organisational priorities and maintaining it as a strategic focus.
- 6.3 Hayley Hutchings congratulated the team on positive Welsh Government feedback, highlighted the challenges in measuring research impact and stressed the need for tracking outcomes and maintaining visibility. The Chair agreed, noting differing timelines for research and innovation. Nigel added that assessing impact is complex, and Andy emphasised the value of both positive and negative results in guiding clinical decisions. The Chair concluded that ongoing discussion about research impact is essential when considering future directions.

The Committee RESOLVED to:

- 1. Were assured from the outcome of the Health Care Research Wales review.**
- 2. Recognised the progress made.**
- 3. Supported further developments in embedding research across the organisation.**

7. NHS RESEARCH & DEVELOPMENT FRAMEWORK

- 7.1 The Chair introduced the NHS Research and Development Framework, acknowledging that the agenda included a summarised self-assessment against the Framework and suggested previous discussions had covered much of the relevant ground.
- 7.2 Nigel Rees noted that the self-assessment relies on the Trust's Research and Innovation tracker, but feedback from Directorates is inconsistent, so some projects may be missed. Nigel suggested reviewing whether the reporting process is sufficient. The Chair agreed, recommending that governance changes and better integration with planning and performance could improve visibility, and highlighted the need for consistent reporting and flexibility in future methods.

The Committee RESOLVED to:

- Take assurance from the receipt of the NHS Research & Development Framework update.**

8. UPDATE FROM RESEARCH CHAMPION NED

- 8.1 Hayley Hutchings reported she has joined "Championing Research" as an independent member, a committee organised by Health and Care Research Wales. The publication of the "Strategic Action Plan for Building Research Capability for Nursing, Midwifery and Allied Healthcare Professionals in Wales" was presented at her first meeting, key priorities from the report were: embedding a research culture; supporting infrastructure and leadership; aligning education and workforce priorities with research; building capability; and valuing research impact. Hayley also reported that she attended a Trust Research and Innovation workshop in Baglan, emphasising the importance of showcasing research within the organisation.

The Committee RESOLVED to:

Note the update from Research Champion NED.

9. 2025/26 COMMITTEE QUALITY GOVERNANCE REVIEWS

- 9.1 Julie Boalch outlined the proposed direction of travel for the Trust's governance and quality reviews (formally known as effectiveness reviews) for 2025/26 and explained that a project team had been established by the Audit, Risk and Assurance Committee to ensure that the spread of board responsibilities is redistributed in a more efficient and effective way and to respond to key drivers identified in the comprehensive reviews undertaken in 2024/25 including Non-Executive Director availability, quorum pressures, and the high volume of meetings.
- 9.2 The paper highlighted that the preferred option is to reduce Board committees from seven to six, with APC's responsibilities redistributed given that it has come to a natural crossroads. The committees foundational contributions and its legacy in supporting the Trust to achieve University Trust Status (UTS) were recognised and it was noted that research is now embedded across multiple areas of strategy and planning now making it a timely opportunity to consider integrating these responsibilities elsewhere to make sure they have the greatest impact and are aligned to our Standing Orders.
- 9.3 The three specific areas of responsibility delegated to the APC of research, partnerships and UTS were considered, and it was noted that any changes will be deferred whilst an external board effectiveness review is undertaken and whilst the new Chief Executive's transition takes place, which understandably will be the focus of the Trust Board Chair for the immediate term.

- 9.4 Julie outlined the proposal for the redistribution of APCs responsibilities as follows:
- Research is to transfer to the Finance and Performance Committee (FPC)
 - Education and training partnerships and collaborations will transfer to the PCC
 - Commercial partnerships collaboration will be overseen by the FPC
 - UTS oversight will be managed through the Integrated Medium-Term Plan
- 9.5 The APC may meet twice in 2026/27 for research oversight, and Julie noted that there is no regulatory requirement for a UTS committee, but maintaining research visibility and governance remains important to the Trust.
- 9.6 Estelle Hitchon clarified that UTS is an ongoing designation earned through sustained work in research, innovation and learning, not a standalone programme. Estelle prioritised quality discussion over committee structure, expressing concern that dispersing responsibilities could risk deprioritising research and innovation, and suggested dedicated time for these topics if moved to another committee. The Chair agreed, emphasising meaningful discussion over structure. Julie noted that transferring research to FPC would better support activities and the potential allocation of funding streams. Jayne highlighted the need for flexibility and sufficient time for partnership work. Jo Kelso supported streamlining but stressed the importance of cross-functional collaboration, especially between research and education, and warned against oversimplifying reporting. The Chair agreed, noting committee structures help protect time for collaborative work and focused attention.
- 9.7 Julie confirmed that all feedback will shape ongoing committee structure discussions, stressing the need to preserve collaborative value, potentially through internal groups that sit within the governance structure. Julie also highlighted that the committee's legacy provides a strong foundation for future work and that redistributed responsibilities will build on these achievements.
- 9.8 The Chair invited further questions to be directed to Julie after the meeting, encouraged input from colleagues, and thanked everyone for their perspectives. The Chair confirmed the committee's endorsement of the proposed direction, noting ongoing external review and the highlighted risks.

The Committee RESOLVED to:

Subject to further discussions and approvals at the Audit Risk and Assurance Committee and the Trust Board, the committee endorsed:

1. The redistribution of its responsibilities as follows:

1.1 Research to Finance and Performance Committee

1.2 Education and training partnerships and collaboration to the People and Culture Committee

1.3 Commercial partners collaboration to the Finance and Performance Committee

1.4 University Trust Status to be subsumed into the annual planning process

- 2. That the implementation of the 1.1 above is deferred until after the externally facilitated board development programme, and in the meantime, APC meets twice in 2026/27 for oversight of the research portfolio only.**

10. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

- 10.1 Members reflected that the meeting shone a light on the significant research and innovation activities within the Trust. Members acknowledged the importance of integrating research into strategic planning, maintaining visibility of research activities, and not losing the committee's positive legacy as the board committee framework evolves. The Chair stated that she values bringing together people who don't often interact, ensuring the committee balances assurance with meaningful discussion, and that it continues to highlight research achievements, whilst having honest conversations regarding associated barriers.
- 10.2 The Chair thanked everyone for their engagement, contributions and preparation for the meeting, and closed by wishing everyone well and looking forward to seeing them again soon.

11. ANY OTHER BUSINESS

- 11.1 None declared.

12. DATE OF THE NEXT MEETING

- 12.1 The next meeting is scheduled for the 15 January 2026.

The meeting closed at 11:09am



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Agenda Item No.

04

REPORT TITLE

Ratification of Chair's Actions
(Academic Partnership Committee Terms of Reference &
Responsible Research Development Annual Plan 2025-2030)

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	6 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Julie Boalch, Assistant Director of Corporate Governance and Risk
Author(s) of report	Sarah Harland, Corporate Governance Officer

PURPOSE OF REPORT

<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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REPORT SUMMARY

[See writing and presentation guidance [here](#) to inform this section]

1. On 14 January 2026, members of the Academic Partnership Committee were asked to support two Chair's Actions, with regards to two separate matters of business, as both require a decision before the meeting of the committee on 6 March 2026. The committee approved the matters via Chair's Action on 20 January 2026.
2. The committee is asked to ratify the decisions made via Chair's Action: which was 1) the endorsement of the changes to the *Terms of Reference for 2026/27*, which are available at **Annex 1**, and 2) the endorsement of the *Responsible Research Development Annual Plan 2025-2030*, available at **Annex 2**. It is noted that the terms of reference and research plan were approved by the Trust Board in January 2026.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Academic Partnership Committee is requested to:
Ratify the two decisions made by Chair's actions made on 20 January 2026

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 Academic Partnership Committee Terms of Reference

Annex 2 Responsible Research, Development and Innovation (RD&I) 5 Year Plan 2025 - 2030



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	--

If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
	N/A



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ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS [2024-25](#)[2026-27](#)

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.

1.3 The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

1.4 The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and its



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remit is hereby set out in these formal terms of reference and operating arrangements.

2. PURPOSE

~~2.1 The delegated powers and authority set out in these terms of reference reflects the maturing University Trust Status (UTS) journey and the fact that this committee approaches its remit with a mixture of *scrutiny* (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), *partnering* (ensuring the right partners are on the Committee, that appropriate arrangements are in place with partners), *connecting* (existing and new partners to research/programmes of work in WAST), and *inquisitorial* (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).~~

2.2.1 The Committee recognises the wealth of knowledge, expertise and skill within the Trust, as well as the need to ensure that skill and expertise is maintained at the forefront of clinical and professional excellence. It will ensure that its work is not predicated just on the development and support of clinical staff but, rather, of everyone across the organisation, whether they be in a clinical, professional, or corporate role.

~~2.3 The Committee will Facilitate a forward looking organisational culture with partners which:~~

- ~~(a) promotes quality improvement across all activities;~~
- ~~(b) is rich in educational activities and staff development opportunities;~~
- ~~(c) helps attract and retain the very best staff, including internationally leading clinical academics;~~
- ~~(d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;~~
- ~~(e) encourages innovation and modernisation;~~
- ~~(f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;~~
- ~~(g) builds capacity for translational research that allows all parties to compete at an international level;~~



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- ~~(h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;~~
- ~~(i) facilitates wealth and economic growth in the region and beyond;~~
- ~~(j) supports the capture and analysis of the service user experience;~~
- ~~(k) develops health informatics opportunities to achieve their potential;~~
- ~~(l) Supports strategic planned lines of enquiry enabling knowledge creation.~~
- ~~(m) use of digital technology to enhance our services.~~

2.42.2 The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.

2.52.3 The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.

3. DELEGATED POWERS AND AUTHORITY

~~The committee will support the board with regard~~ With regard to its role in providing advice and assurance to the Board, the Committee will: ~~to the following:~~

~~3.1 Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners across and beyond Wales to:~~



- ~~(a) develop collaborative activities in relation to clinical and non-clinical services, research, and development, teaching and education, innovation and improvement, and commercial opportunities; and~~
- ~~(b) influence programme design.~~

~~3.2—Promote and support collaboration with key partners in health, social care, local authorities, and the third sector, as well as patients and patient representative groups, developing opportunities for widening access and increasing participation in health and social care education amongst local communities.~~

~~3.3—Ensure appropriate arrangements are in place with partner organisations that establishes role, responsibilities, and expectations, and supports the achievement of the highest standards of health, clinical care, research, innovation, and health care education. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.~~

~~3.4—Oversee and contribute to the development of submissions to Welsh Government for University Trust Status and ensure the ongoing maintenance of that status and compliance with any conditions from Welsh Government.~~

~~3.5—Review and agree programmes of work aligned to University Trust Status, ensuring that they:~~

- ~~(a) explore and identify opportunities for the development of the whole workforce;~~
- ~~(b) are appropriately resourced, and where possible maximise the benefits of shared resources and expertise, and availability of grants;~~
- ~~(c) are clear where Board level scrutiny will take place, whether that is at this Committee or another Board Committee, to avoid duplication and support coalescence of Board oversight.~~

3.1 ~~Oversee To over~~ the strategic direction and development of research and innovation activities within the Trust, and to oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework.



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3.63.2 Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional, or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive.

~~3.7—Oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework.~~

Principal Risks and Audits

3.83.3 The Committee will monitor the principal risks relevant to its remit. It will consider the controls and mitigations of related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

3.93.4 ~~The Committee will receive~~Receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.

4. AUTHORITY

Authority

4.1 ~~The~~ Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

4.2 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.



4.3 The Committee is authorised to approve Trust wide policies ~~in accordance with the policy for the Review, Development and Approval of Policies, other than those policies reserved to the Board.~~

Chair's Action

4.4 ~~There may, occasionally, be circumstances where decisions which would normally be made by the committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.~~

4.5 ~~In these circumstances, the Chair, and the Lead Executive, supported by the Director of Corporate Governance/Board Secretary as appropriate, may deal with the matter on behalf of the committee after first consulting with at least two other Members (Non-Executive Directors).~~

4.6 ~~The Director of Corporate Governance/Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the committee for consideration and ratification.~~

~~There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.~~

~~4.3 In these circumstances, the Chair and the Lead Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).~~

~~4.4 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.~~

Sub-Committees

~~4.5 The committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of committee business. Formal sub-~~



~~committees may only be established with the agreement of the board. The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.~~

4.5. MEMBERSHIP AND QUORUM

Members

~~5.1. The Trust’s Standing Orders at 3.3.5 and 3.3.6 provide the rules around committee membership. That includes that the designation of Chair, definition of member roles and powers and terms and conditions of appointment are determined by the board, based on the recommendation of the Trust Chair. Executive Directors and other Trust officers cannot be appointed as committee Chairs, nor should they be appointed to serve as ‘members’ on any Committee set up to review the exercise of functions delegated to them. They may however be ‘in attendance’ as appropriate.~~

~~5.2. The application of these provisions means that the designation of ‘members’ in NHS Wales committees is applied to Non-Executive Directors. This ensures there is independent scrutiny, support and challenge, and is a relevant for quorum (see below) and – where it is required – for voting~~

~~5.3. Notwithstanding the above, the ‘members’ and ‘prescribed attendees’ listed below are often referred to collectively as members or membership.~~

Committee Membership

~~5.4 The core membership is a minimum of three members comprising: – membership of the committee will comprise:~~

Members:

- ~~○ Chair ————— Non-Executive Director~~
- ~~○ Members ————— Two other Non-Executive Directors of the Board. Three Non-Executive Directors one of whom will be designated as Chair~~

Prescribed attendees:



Prescribed Attendees

~~4.2 The core membership will be supported by the attendance of the following at each meeting:—~~

- Director of Partnerships and Engagement (Committee Lead)
- Director of People and Culture
- Executive Director of Paramedicine
- Director of Digital Services
- ~~Assistant Director for Quality and Nursing (Quality Governance)~~Deputy Director of Remote Clinical Care
- Assistant Director of Clinical Development
- Assistant Director of Research and Innovation
- ~~Head of Strategy Development~~
- Head of Workforce Education & Development
- Director of Corporate Governance/Board Secretary
- Up to two Trade Union Partners

~~5.5 In the absence of the committee Chair, one of those in attendance must be designated as Chair of the meeting.~~

~~5.6 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Director of Corporate Governance/Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.~~

~~5.7 The Chair of the Trust Board and the Chief Executive have a standing invitation to attend meetings. In addition, the Committee Chair may invite others (either Trust staff or persons outside the Trust) attend all or part of the meeting to assist with its discussions on any particular matter. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge, and expertise~~

~~Other Directors and staff members will be invited to attend, either by the~~



~~Committee or to present individual reports.~~

~~With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.~~

~~The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.~~

Secretariat

~~4.3 Secretary as determined by the Board Secretary~~

Quorum

~~5.8 The quorum for meetings of the committee shall be two Non-Executive Directors.~~

~~5.9 While only two Non-Executive Directors are required for quorum, it is strongly recommended that all three Non-Executive Director members be present at each meeting to ensure robust discussion and effective oversight. The presence of all Non-Executive Directors is crucial for fostering diverse perspectives and maintaining rigorous challenge and scrutiny. Therefore, other Non-Executive Directors of the board may be co-opted to meetings where it is not possible for all three Non-Executive Directors to attend.~~

Member Appointments

~~5.10 The membership of the committee shall be determined by the board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.~~

~~5.11 Non-Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the board.~~



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5.12 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration committee.

~~4.4—The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.~~

~~4.5—Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.~~

~~4.6—Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.~~

~~4.7 Should any Non-Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.~~

Support to Committee Members

~~4.8—The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related~~



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~~to the conduct of their role.~~

5.6. COMMITTEE MEETINGS

Secretariat and Support to committee Members

- ~~6.1 The Director of Corporate Governance/Board Secretary, on behalf of the committee Chair, shall:~~
- ~~(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and~~
 - ~~(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of People and Culture.~~

Frequency of Meetings

- ~~6.2 Meetings shall be held bi-monthly or otherwise as the Chair of the committee deems necessary, consistent with the Trust's annual plan of board business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.~~

Withdrawal of individuals in attendance

- ~~6.3 The committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.~~

Quorum

- ~~5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.~~

Frequency of Meetings

- ~~5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.~~



~~Withdrawal of individuals in attendance~~

~~5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.~~

7. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

~~7.1 The committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference.~~

~~7.2 The committee, through its Chair and members, shall work closely with the board's other committees and groups to provide advice and assurance to the board through the:~~

- ~~• joint planning and co-ordination of board and committee business; and~~
- ~~• sharing of appropriate information;~~

~~in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the board's overall assurance framework.~~

~~7.3 The committee will consider the assurance provided through the work of the board's other committees and sub-groups to meet its responsibilities for advising the board on the adequacy of the Trust's overall framework of assurance.~~

~~7.4 The committee shall embed the Trust's corporate standards, priorities, and requirements, e.g. equality and human rights through the conduct of its business.~~

~~6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.~~



~~6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:~~

- ~~• Joint planning and co-ordination of Board and Committee business;~~
- ~~and~~
- ~~• Sharing of appropriate information;~~

~~In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.~~

~~6.3 The Committee shall embed the Trust's corporate standards, priorities, and requirements, e.g., equality and human rights through the conduct of its business.~~

6.8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The cCommittee Chair shall:

- ~~(a) report formally, regularly and on a timely basis to the board and the Chief Executive (Accountable Officer) on the committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports where appropriate throughout the year;~~
- ~~(b) bring to the board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the committee; and~~
- ~~(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.~~
- ~~(a) report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes a written highlight report, the submission of approved Committee minutes,~~



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~~(b) bring to the Board's specific attention any significant matter under consideration by the Committee; and ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (as Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the presentation of an annual report, operation and/or reputation of the Trust.~~

~~7.2~~

~~8.2 The Director of Corporate Governance/Board Secretary, on behalf of the board, shall oversee a process of regular and rigorous self-assessment and evaluation of the committee's performance and operation including that of any sub committees established.~~

~~The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.~~

7.9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

9.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – (as set out in section 5)

8.10. REVIEW

910.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



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Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Llywodraeth Cymru
Welsh Government

RESPONSIBLE RESEARCH, DEVELOPMENT AND INNOVATION (RD&I)



THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST 5 YEAR PLAN 2025 - 2030

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Forward

The Welsh Ambulance Services University NHS Trust (WAST) has a longstanding reputation of developing and delivering high quality Research Development and Innovation (RD&I). In recognition of the role in Education and RD&I, WAST was awarded **University Trust Status** in 2024, which has raised the profile of RD&I across the organisation. Rapid progress has been made in the breadth and scale of RD&I, providing opportunities to tackle complex challenges faced by WAST,



Professor Nigel Rees
(QAM) – Assistant
Director of Research &
Innovation

across healthcare in Wales and beyond. WAST holds a wealth of RD&I talent within its multiprofessional workforce, along with its leaders with international influence in digital, clinical practice, management and remote care, who's impact continues to transform care and multiply through developing the next generation of RD&I leaders.

There has never been a better time to conduct high quality RD&I in WAST through the environment we have influenced in the development of NHS Wales and Welsh Government policy to support embedding of RD&I across the NHS, creating more equal access to training and resources. The WAST RD&I Office and PERU has a wealth of experience, capability and networks to support RD&I across WAST, but we remain vigilant to contemporary challenges and opportunities while recognising the need to build on our successes.

Everybody has a role to play in **RD&I**, and the opportunities for development, and higher quality care it brings. This is **Your plan** which outlines improvements we will make and needs **You** to achieve its ambitions. Let's all work **together** to deliver this plan over the next five years and continue to embed **Responsible RD&I** across WAST to improve the **right care** in the **right place**, wherever and whenever it is needed for the **People of Wales** and beyond.

As the research champion Non-Executive Director for WAST, I am delighted to endorse this Responsible Research, Development and Innovation (RD&I) 5 Year Plan and I welcome WAST's plan to implement it over the next five years. Working as an academic with the Health Services Research field, I know that evidence-based research is key to driving the implementation of new treatments and ways of working and that organisations with active research portfolios are safer, more cost-effective and have better patient outcomes.



**Professor Hayley
Hutchings
Research Champion Non-
Executive Director**

This 5-year plan is based on sound policy initiatives such as the UK Policy Framework for Health and Social Care and the PRIORITY project, which WAST was an integral part of. The plan is based on wide engagement across WAST and presents a clear plan with measurable targets. This plan builds upon the recent award of University Health Board status to WAST but recognises that undertaking RD&I should be done responsibly. This responsibility covers governance, finance, inclusivity and support, increasing capacity and capability, patient involvement, communication and impact.

Since joining WAST I have seen evidence of great enthusiasm for RD&I and strong expertise within the areas of digital, clinical practice and management and remote care which have a major impact on care provision and patient outcomes. We now need to support and develop our workforce to ensure that we continue to conduct research of the utmost rigour and support our staff in doing so.

Executive Summary

It has been well established that Research Development and Innovation (RD&I) active organisations are safer, more cost effective and have better clinical outcomes. In recent years efforts have been made to embed RD&I across the Welsh Ambulance Services University NHS Trust (WAST) and the wider NHS through policy initiatives such as the NHS R&D Framework, PRIORITY Project and Innovation framework. RD&I however, needs to be conducted in a responsible manner, and UKRI (2025a) define responsible innovation as:

“a process that takes the wider impacts of research and innovation into account. It aims to ensure that unintended negative impacts are avoided, that barriers to dissemination, adoption and diffusion of research and innovation are reduced, and that the positive societal and economic benefits of research and innovation are fully realised”

Along with the ongoing RD&I policies and initiatives noted above, WAST has engaged in a multiyear service improvement, exploring opportunities to embed RD&I, that has involved 102 station visits, 32 Emergency Department Visits and 6 workshops. Our RD&I plan has synthesised the findings of this service improvement with the recommendation of policy and guidance into the following key areas and respective plans for improvement:

- **Responsible** Governance and policy, supported by transparent structures and systems
- **Responsible** financial stewardship
- Cultivating an inclusive, supportive and **Responsible** approach to growing RD&I capacity and capability of our workforce through distributed leadership, partnership and collaboration
- **Responsible** RD&I development, delivery and decision making that is Patient and Public centred
- **Responsible** communications, visibility and impact

Introduction

Health care organisations with greater Research Development and Innovation (RD&I) activity have better clinical outcomes, even after adjustment for staffing and structural factors (Ozdemir et al. 2015, Boaz et al 2015, Jonker & Fisher 2018). Other benefits from being an RD&I active organisation include safer, more efficient and higher quality patient care with better experiences, opportunities for the workforce to improve their skill sets and retention/attraction of the highest calibre of colleagues.

RD&I active organisations foster the development of an evaluative, questioning culture and an atmosphere of scientific challenge and reflection. The RD&I conducted in health organisations can result in new and cutting-edge treatments, technologies and care for the population, resulting the generation of additional income and ultimately more efficient and effective care. RD&I can improve the safety of our people and the communities we serve, which is a high priority at a time when the physical, psychological and well-being challenges have never been so great.

The UK Policy Framework for Health and Social Care Research

The Health Research Authority (HRA) regulates health and social care research to protect the interests of patients and the public. This policy framework sets out principles of good practice in the management and conduct of health and social care research in the UK. These principles protect and promote the interests of patients, service users and the public in health and social care research, by describing ethical conduct and proportionate, assurance-based management of health and social care research, to support and facilitate high-quality research in the UK that has the confidence of patients, service users and the public.

WAST and all individuals conducting health and social care research have responsibilities under this policy framework, which applies to research involving staff, patients, service users or their relatives or carers. WAST continues to adhere to the

highest scientific and ethical standards and principles outlined within this policy framework.

Principles that apply to all health and social care research

- | | |
|---|------------------------------------|
| 1. Safety | 10. Information about research |
| 2. Competence | 11. Accessible findings |
| 3. Scientific and Ethical Conduct | 12. Choice |
| 4. Patient, Service User and Public Involvement | 13. Insurance and indemnity |
| 5. Integrity, Quality and Transparency | 14. Respect for privacy |
| 6. Protocol | 15. Compliance |
| 7. Legality | 16. Justified intervention |
| 8. Benefits and risks | 17. Ongoing provision of treatment |
| 9. Approval | 18. Integrity of the care record |
| | 19. Duty of care |

Figure 1 - Principles that apply to all health and social care research

Responsible RD&I

UK Research and Innovation (UKRI) is one of the UK-wide funding agencies that invests in science and research. It consists of the UK seven research councils, Innovate UK, and the research and knowledge exchange functions of the Higher Education Funding Council. The UKRI recognise responsible innovation to be a process that seeks to promote creativity and opportunities for science and innovation that are socially desirable and undertaken in the public interest. RD&I has the ability, not only to produce understanding, knowledge and value, but also unintended:

- **Consequences**
- **Questions**
- **Ethical dilemmas**

- **Social transformations**

Responsible innovation recognises that RD&I can highlight questions and quandaries that means the potential impacts are unpredictable whether they are beneficial or detrimental, some innovation can result in beneficial impacts but also have a hidden cost that is detrimental.

Health and Social Care Innovation Wales brings people together to explore ideas and challenges that can help shape the future of health and social care in Wales. It is committed to fostering innovative



solutions that improve health and social care outcomes and is here to provide support for innovators every step of the way. The Health and Social Care Innovation Wales Innovation Framework guides health and social care organisations across Wales in fostering, scaling, and managing innovation, providing the tools and processes needed to transform the delivery of health and social care in Wales.



Figure 2 - The Innovation Framework

In 2021 the policy paper Saving and Improving Lives: The Future of UK Clinical Research Delivery (DHSC 2021) was published. This clearly states that research is the single most

important way of improving healthcare by embedding clinical research at the heart of patient care across the NHS, making participation as easy as possible and ensuring all health and care colleagues feel empowered to support research. Despite WAST being a leading RD&I active ambulance trust across the UK many challenges and opportunities continue in the development and delivery of RD&I in WAST.

Within the WAST 2024 annual report we reported how the WAST clinical strategy was undergoing review to reflect the changed context WAST now operates within and committed to developing a dedicated Research & Innovation plan. We have since continued the co-production of this plan with a wide range of groups and individuals.

This has been achieved through a service evaluation we have been engaged in over the past two years, involving continuous engagement with our people and partners within and outside of WAST. The engagement activities included staff interviews, workshops at multiple locations across Wales, focused meetings and presentations at external workshops and conferences.



Figure 3 - Embedding Research in WAST coding themes

Through this engagement, and our rigorous process of data collection and analysis, themes have emerged that are grounded in the experiences of embedding R&I that we aim to address through this and ongoing plans (Figure 3).

WAST R&I continue to contribute to high level NHS Wales R&I Strategic developments included in Making research careers work: a review of career pathways in health and social care in Wales [13] and the following range of initiatives are tackling the variety of complex issues revealed by this report, including:



Figure 4 - The ten pillars outlining the features of a research supportive NHS organisation – Research matters – what excellence looks like in NHS Wales (2023).

We have synthesized the findings of policy and our service evaluation.

Vision

The findings of our service improvement have been synthesised with the recommendations of policy and guidance into the following vision:

To embed high quality and responsible Research, Development and Innovation across WAST, to provide the right care in the right place, wherever and whenever it is needed.

Our vision will be achieved through our plans for improvement across the following key areas:

Responsible governance and policy (supported by transparent structures and systems)

Responsible Research, Development and Innovation (RD&I) involves creating value for society responsibly, by delivering high quality, trustworthy research, while remaining vigilant to potential social, environmental, ethical, and regulatory requirements and challenges. Researchers must anticipate, reflect, engage, and act on the broader ethical and societal implications, and value of their work. This applies to the whole research lifecycle, not only to research outputs.

Research and scientific innovation has the ability to not only produce knowledge and value, but may also have unintended consequences, raise questions, ethical dilemmas or lead to social transformations. We are committed to the UKRI Framework (2025b) for responsible RD&I and its principles, following the AREA approach of **Anticipate, reflect, engage, act (AREA)**.

Responsible Governance and policy will be improved by:

- Expecting those engaged in RD&I in WAST to conduct their work to the highest scientific and ethical standard in a legal manner and balance the risks and benefits of RD&I with social and environmental responsibility.
- Fostering an approach to conducting RD&I that anticipates and assesses potential implications and societal expectations including in the wider public interest, engaging various stakeholders, including the public.

- Creating spaces and processes to explore RD&I that leads to social transformations in an open, inclusive way, carefully considering the ethical dilemmas they present that goes beyond the statutory and regulatory.
- Developing an approach to the sponsorship of R&I that is transparent, regulatory compliant, and fit for the current context WAST operates within.
- Encouraging questioning, broader deliberation, dialogue, engagement and debate in an inclusive way.
- Nurturing and promoting partnerships with other disciplines and spheres of expertise and facilitating training to enable these skills to be developed and taken forward.
- Being vigilant to potential social, environmental, ethical and regulatory challenges which arise from new research at the limits of our knowledge and seeks to broaden debate at an early stage.

Responsible financial stewardship

The NHS R&D Finance Policy (2025) describes the requirements and systems in place for the costing, management, accountability and distribution of all research related funding and income within NHS organisations across Wales. Participating in RD&I can provide significant and substantial potential savings to the NHS and should be recognised widely as an additional benefit in supporting high quality RD&I. This is a valuable source of 'potential funding' for investment into both research capacity and infrastructure as well as general clinical service provision.

Through support from partner organisations such as Health and Care Research Wales, WAST have therefore established a rigorous financial management process for research income and expenditure to ensure:

- Expert accounting input is involved in costing and monitoring of finances related to RD&I.

- The appropriate use of RD&I related income and demonstrate how the RD&I Office adhere to Standing Financial Instructions.
- Maintain and demonstrate financial probity in all matters concerning RD&I governance.

Responsible financial stewardship will be improved by:

- Adherence to the principles for meeting patient care costs associated with externally funded research as outlined in policies and guidelines such as the Welsh Government Guidance: Attributing the costs of health and social care research & development (AcoRD) 4, SoECAT (Schedule of Events Cost Attribution Template)
- Use of the model Non-Commercial Agreement (mNCA) or Organisational Information Document (OID) to detail how payments will be managed.
- Exploring options for Programme investment funding including:
 - Wales commercial research delivery funding (via the Voluntary Pricing Access and Growth (VPAG) funding allocated to Wales)
 - Savings to the NHS and health community
 - Charitable funding for research
- In conjunction with Finance support, we will explore the broadening of RD&I Office held Investigator/departmental accounts for RD&I related income for further investment.
- We will continue to collaborate across our organisation to exploit opportunities for responsible RD&I commercialisation, focussing on areas with significant potential such as devices, pharmaceutical and digital technologies.

We will make every penny count, by ensuring appropriate cost attribution, recovery and allocation.

Cultivating an inclusive, supportive and **Responsible** approach to growing RD&I (capacity and capability of our workforce through distributed leadership, partnership and collaboration)

We recognise that our people are our greatest asset, and the wealth of talent that currently exists presents opportunities to grow our capacity and capability in RD&I to

improve the efficiency and effectiveness of the services we provide. We will continue to embed R&I across WAST, ensuring that our approach provides equitable opportunities to contribute to the development and delivery of RD&I. We will seek to increase equitable access across the multiple groups, removing any organisational, structural and geographical barriers. WAST has historically had a small number of RD&I leaders, and we aim to change this by growing the number of principal and chief investigators, which is integral to the vision for developing research capacity and capability among health and social care professionals, as described in the NHS R&D framework in Wales (Health and Care Research Wales 2023).

This approach also builds on the findings of Making research careers work (Health and Care Research Wales 2022). This plan coincides with the implementation of the PRIORITY Project strategic research action plan, which will be implemented to harness the collective capacity of nurses, midwives and allied health professionals (AHP) for optimal impact on research development and delivery. The plan also draws on the principles within Innovation framework and toolkit of: Inclusivity inclusion, careers, culture, infrastructure and collaboration.

Inclusive, supportive and **Responsible** growth of RD&I capacity and capability will be improved by:

- Further embedding of the NHS R&D Framework and PRIORITY project recommendations across WAST, and reciprocal increased organisational reporting of activity to the RD&I Office, HCRW, Welsh Government and the public.
- Increased awareness and engagement in RD&I across all of WAST, by increasing the number of RD&I Development Groups across WAST.
- Developing joint appointments with universities, such as clinical academics, teaching or practice facilitator roles.
- Expanding access across the workforce to RD&I training, mentorship and seed funding opportunities, for instance, from HCRW, HEIs and research active third sector opportunities, such as those offered by the HCRW Faculty.

- Establishing a PERU Early Fellowship scheme involving WAST RD&I leaders and being aligned to organisational priorities.
- Supporting increased pre-registration learners' engagement with RD&I through collaborative working with higher education institutions (HEIs) to increase the teaching contribution of WAST staff within academic programmes, RD&I placements and contribution from HEIs to WAST RD&I.
- Collaboratively working with staff representatives, professional bodies and regulators to raise the expectation of RD&I in Job plans and descriptions, clearly describing related knowledge, skills and expectations at each A4C band. Evidence of this should be captured through the WAST PADR process and professional revalidation.
- Increased participation of RD&I in organisational inductions, training and staff development events.
- Embedding RD&I champions within practice settings to promote a culture of inclusive research.
- Growing the number of RD&I leaders, supporting with protected time, mentoring opportunities and exposure to ongoing RD&I.

Responsible RD&I development (delivery and decision making that is Patient and Public centred)

Involving the public in designing, delivering, and reporting of RD&I builds trust, supports more relevant and reliable results and leads to better outcomes. HCRW and members of WAST have supported the development, testing and launch of the UK Standards for Public Involvement in Research. These Standards are designed to improve the quality and consistency of public involvement and will be a key resource to support the delivery of our ambitions for public involvement and public engagement in WAST and wider health and social care research in Wales. We draw on these standards by creating inclusive opportunities, working together, supporting and learning, good communication, achieving impact and good governance. All our RD&I in WAST has strong patient and public involvement, and we will continue to ensure this for all future research.

Responsible RD&I development, delivery will be improved by:

- Offering public involvement opportunities that are accessible and that reach people and groups according to research needs.
- RD&I will be informed by a diversity of public experience and insight, so that it leads to treatments and services which reflect these needs.
- Working together towards a common purpose, where different perspectives are respected, and in a way that values all contributions, and that builds and sustains mutually respectful and productive relationships.
- Offering and promoting support and learning opportunities that build confidence and skills for public involvement in research.
- Removing practical and social barriers that stop members of the public and research professionals from making the most of public involvement in research.
- Use plain language for well-timed and relevant communications, as part of involvement plans and activities.
- Communicate with a wider audience about public involvement and research, using a broad range of approaches that are accessible and appealing.
- Seek improvement by identifying and sharing the difference that public involvement makes to research.
- Understand the changes, benefits and learning gained from the insights and experiences of patients, carers and the public. Involve the public in research management, governance, regulation, leadership and decision making.
- Public involvement in research governance can help research be more transparent and gain public trust.
- Providing clear expectations for patient and public involvement in the development and delivery of RD&I in WAST.
- Signpost to the wide range of resources available across the sector
- Improve the ways in which public involvement is embedded throughout the health and social care research landscape in Wales.
- Enhance the ways in which public engagement can promote the vital contribution that the public make to health and social care research, and offer inclusive, open opportunities to take part in research, welcoming of many different perspectives

- Creating a shared plan for improving public involvement and public engagement in health and social care research.

Responsible communications, visibility and impact:

Communication was the most prominent theme within our service evaluation, and we must do better. Within this service evaluation 'in person' was deemed to be the most valued and effective mode of communication. Our service evaluation offered an opportunity to actively communicate with our people and partners and served as a two-way process of sharing information on a wide range of areas such as the outcome of studies and policy developments. We also received important feedback which has been important to understand the challenges of recruitment into studies for instance.

Responsible communications, visibility and impact will be improved by:

- Organisational wide recognition of the crucial role of responsible, effective communication, visibility and impact plays in promoting transparency, engaging stakeholders, and facilitating dialogue about the potential impacts of new ways of working, innovations and technologies that are aligned with societal needs.
- Transparent and consistent organisational signposting (where appropriate) to the RD&I Office for review, tracking and reporting through the WAST RD&I tracker and HCRW/WG annual performance reporting, along with the IMTP and directorate-wide plans.
- Increasing the breadth and nature of communicating and mobilising knowledge through dissemination, through mechanisms such as peer reviewed publications conference presentations, guidelines and evidence informed policy and practice

How will we know our plans for **improving** are working?

We have developed measures to provide clear, trackable, and actionable goals that increase the likelihood of success. These measures are outlined in appendix A. We will

ensure that our plan is actionable and will focus all of our efforts and resources towards achieving concrete results and providing a structured approach to planning and execution.

Summary

The journey to embed responsible RD&I within every level of WAST builds on solid foundations but has a very long way to go. Moving forward, this plan will continue to require ongoing engagement, feedback and collaboration across WAST and beyond. As we implement the objectives outlined within this plan, all in WAST are encouraged to actively participate—whether through engaging in new RD&I projects, leadership, learning or supporting an RD&I-positive culture within their teams. Working together, we can create a future where RD&I is embedded within practice, driving innovation, improving patient care, expanding career development and satisfaction, and strengthening the role of pharmacy within the broader healthcare landscape, paving the way for the next generation of researchers and innovators

References

Boaz A, Hanney S, Jones T, Soper B. (2015) Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. *BMJ Open* <https://bmjopen.bmj.com/content/5/12/e009415>

DHSC (2021) Saving and Improving Lives: The future of UK clinical research delivery. London: DH & SC
DHSC (2021) The Future of UK Clinical Research Delivery: 2021 to 2022 Implementation Plan: DH & SC

Jonker L, Fisher SJ. (2018) The correlation between National Health Service trusts' clinical trial activity and both mortality rates and Care Quality Commission ratings: a retrospective cross-sectional study. Public Health 157, pp.1–6

NHS R&D Finance Policy Template (2025) Available at: [NHS R&D Finance Policy Template](#) [Accessed 03 September 2025].

Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM et al. (2015) Research activity and the association with mortality. PLoS ONE. 10(2)

Research matters – what excellence looks like in NHS Wales (2023). Available at: [Research matters - What excellence looks like in NHS Wales](#) [Accessed 03 September 2025].

UK Research and Innovation (UKRI) (2025a) Responsible innovation. Available at: <https://www.ukri.org/manage-your-award/good-research-resource-hub/responsible-innovation/> [Accessed 03 September 2025].

UK Research and Innovation (UKRI) (2025b) Framework for responsible research and innovation. Available at: [Framework for responsible research and innovation – UKRI](#) [Accessed 03 September 2025].

UK Standards for Public Involvement. Available at: [UK Standards for Public Involvement](#) [Accessed 03 September 2025].

Appendix A – Measurement framework

Improvements in **Responsible Governance and policy** will be **measured** by:

- In year one we will convene a forum to ensure that RD&I is conducted to the highest scientific and ethical standards which balances the risks and benefits of RD&I in a responsible manner following the AREA approach of **Anticipate, reflect, engage, act (AREA)**.
- In year one we will introduce a WAST Sponsorship policy and suite of SOP's.
- We will increase RD&I partnerships and Research Development Groups by 20% by year 5. This will monitor external and internally sponsored studies.
- By year two we will have introduced a new Intellectual Property policy.

Improvements in **Responsible financial stewardship** will be improved by:

- **10% increase in commercial income from the current level by 2030**
- Adherence to Standing Financial Instructions and probity in all matters concerning RD&I governance will be measured by financial monthly reporting to HCRW
- Adherence to AcoRD will be evidenced by all WAST sponsored studies including a fully executed SoECAT, completed by WAST RD&I Office.
- By year five there will be a 10% increase in use of the model Non-Commercial Agreement (mNCA) and/or Organisational Information Document (OID)
- We will achieve a 10% increase in Charitable funding for research by year three.
- We will broaden by 10% RD&I Office held Investigator/departmental accounts for RD&I related income for further investment.

Improvements in **inclusive, supportive and Responsible growth of RD&I capacity and capability** will be **measured** by:

- 10% increase in the total number of open and recruiting commercial and non-commercial portfolio studies from its current base by 2030.
- 10% increase in recruitment to time and target metrics from the current level by 10% by 2030.
- All directorates reporting RD&I activity to the RD&I Office for onward presentation/reporting to HCRW, Welsh Government and the public.

- 20% increase in the number of RD&I Development Groups across WAST by year five.
- 10% increase joint appointments with universities, such as clinical academics, teaching or practice facilitator roles.
- In year one we will establishment a PERU Early Fellowship scheme involving WAST RD&I leaders and being aligned to organisational priorities.
- We will increase by 10% the teaching contribution of WAST staff within academic programmes, RD&I placements and contribution from HEIs to WAST RD&I.
- We will capture (in a qualitative form) evidence of RD&I captured through WAST PADR process and professional revalidation.
- In year two we will have included RD&I within organisational inductions, training and staff development events.
- By year three we will have a network of RD&I champions within practice settings.
- By year two we will have identified a senior representative for RD&I in each directorate.
- We will have a 50% growth in the number of RD&I leaders, as measured by number of Principal and Chief Investigators on HCRW portfolio studies.

Improvements in **Responsible RD&I development, delivery** will be **measured** by:

- By year three, 50% of WAST sponsored studies will include public involvement prior to submission for funding.
- We will increase RD&I learning opportunities by 10% and ensure they are communicated to staff to build confidence and skills.
- We will create and adopt and SOP for Patient and public involvement in WAST RD&I.

Improvements in **Responsible communications, visibility and impact** will be **measured** by:

- Increased transparency, tracking and reporting of RD&I by 10% increase in RD&I tracker and HCRW/WG annual performance reporting.
- A qualitative measure of evidence of RD&I in all IMTP and directorate-wide plans by year five.

- Increasing mobilising knowledge through 10% increase in peer reviewed publications conference presentations.
- Increase the number of WAST Sponsored studies from its current level by 20% by 2030.

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
55/24	18 November 2024	Research Governance Framework	<p>Research Governance Framework</p> <p>Leanne Smith was looking at growing a data science capability to move beyond just accessing data to predictive modelling and using information to drive decision making. The Chair referenced the update on the National Data Repository, which was expected to come to a meeting post March 2025.</p>	Jonny Sammut, Trish Mills	6 March 2026	<p>Leanne Smith Update 25/02/2026</p> <p>A job description for a Data Science Leader is in development and will be put through job evaluation before the end of this financial year, anticipating this pos will be filled by July 2026. We continue to support the National Data Resource programme, we have also drafted two IMTP deliverables for the 26/27 plan to support with internal data linkage, and with data sharing across NHS Wales. This is a multi-year programme and ongoing, therefore suggests this action should be closed, unless there is a specific element of interest that the committee would like to receive updates on in the coming months with a paper or explanation?</p> <p>Keith Dorrington Update 07/10/2025</p> <p>Keith Dorrington reported there is no confirmed timeline for the national data resource, progress is ongoing and therefore the action is to remain open.</p> <p>Update from Leanne Smith 11/09/2025</p> <ul style="list-style-type: none"> Insight & Data Services (IDS) received additional investment in 2025/26 to establish a 'Data Science Lead' position in the function. The JD is in development and expected to recruit in Q4. Support for the National Data Resource (NDR) continues as planned - e.g. testing of the pipelines from WAST warehouse to cloud storage, and engagement with the national IG activities. WAST recently signed the national Joint Controller Agreement, a first step to assuring the right governance around the NDR arrangements which will later enable data to be shared between NHS Wales organisations. The strategic Data Plan is in development, but work has slowed due to the focus on the new Performance Framework and Call Categories. However, a paper was shared with ELT in August detailing current thinking on data & analytics team structure, investment required, and actions required to help achieve the Trust's strategic ambitions. <p>Update for January meeting - Leanne Smith advised that the July APC meeting would be better placement for the agenda item, Work has begun working on the Data Strategy/Plan (which would explain how using other analysts will create more capacity and mature the capability of analytics in</p>	Open
5.5	7 October 2025	Annual Research & Innovation Report 2024/25	<p>Annual Research & Innovation Report 2024/25</p> <p>Nigel Rees committed to doing a piece of work to track and report on the impact of research, aiming to bring this information back to the next meeting of the Committee in January 2026.</p>	Nigel Rees Andy Swinburn	15 January 2026	<p>This item has been programmed for the meeting of the committee on 6 March 2026. Subject to committee contentment action can be closed.</p>	Complete

ACADEMIC PARTNERSHIPS COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	27 November 2025
Committee Meeting Date	07 October 2025
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The **2025/26 Quality Governance Review** was considered, and the proposed redistribution of the committee’s responsibilities was endorsed with the caveat that any potential risks to the depth of discussion on research and its visibility, cross functional collaboration and effective scheduling are actively managed.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. An update was received from the Trust’s **Research Non-Executive Director, Prof. Hayley Hutchings**. Hayley shared that she is engaged with Health and Care Research Wales (HCRW) via the independent members’ committee. Hayley highlighted the recent publication of the Strategic Action Plan for Building Research Capability for Nursing, Midwifery and Allied Healthcare Professionals in Wales, and noted the Trust’s involvement in this activity. Hayley summarised the key priorities of HCRW for NHS organisations, which included embedding a research culture, aligning education and workforce with research goals, and valuing research impact. Additionally, Hayley recently attended a Trust research and innovation workshop organised by Prof. Nigel Rees and his team in Baglan and described it as a positive event that showcased ongoing research within the Trust.
3. Members **reflected** that the meeting shone a light on the significant research and innovation activities within the Trust. Members acknowledged the importance of integrating research into strategic planning, maintaining visibility of research activities, and not losing the committee’s positive legacy as the board committee framework evolves. The Chair stated that she values bringing together people who don’t often interact, ensuring the committee balances assurance with meaningful discussion, and that it continues to highlight research achievements, whilst having honest conversations regarding associated barriers



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ASSURE

(Detail here any areas of assurance the Committee has received)

4. Members received the **Annual Research and Innovation Report 2024/25** and commended the work undertaken within the Trust. The significant progress and national recognition of research output was noted; including publication in the New England Journal of Medicine, and leadership of major National Institute of Health and Care Research funded studies. Members praised the breadth and impact of research activities, the team's increased visibility and engagement across Wales, and the strong return on investment through grant income. The Committee noted the importance of tracking and communicating the real-world impact of research on patient outcomes and service improvement and agreed that it could be helpful to complete a focused evaluation of research impact for a future meeting.
5. Members recognised the progress highlighted by the **Health Care Research Wales review** and the ongoing efforts to embed research as a core function within the Trust noting that significant strides had been made including the appointment of a dedicated Research Lead. A stronger integration with priorities and performance frameworks is needed; however, to support planning and innovation. Staff participation and external partnerships were highlighted as areas for improvement.
6. Alignment against the **NHS Research and Development Framework** demonstrated substantial progress against all ten pillars of the framework. Members were assured on the development of a five-year strategic plan to strengthen research excellence, collaboration, and impact across the Trust as well as participation in national and international collaborative research. The importance of an effective reporting mechanism from a directorate level was highlighted.

RISKS

Risks Discussed: There are no formal risks on the corporate risk register for this Committee.

New Risks Identified: No risks raised.

The papers for this meeting can be found by following this [link](#) to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING

Annual Research and Innovation Report	Health Care Research Wales Review	NHS Research and Development Framework
Update from Research NED	2025/26 Quality Governance Review	

COMMITTEE ATTENDANCE

Name	07 October 2025			
Hannah Rowan				
Prof Hayley Hutchings				
Jayne Beeslee				
Estelle Hitchon				
Carl Kneeshaw				



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COMMITTEE ATTENDANCE

Andy Swinburn				
Jonny Sammut	Keith Dorrington			
Jonathan Chippendale				
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills	Julie Boalch			
Mark Marsden				
Keith Rogers				

	Attended
	Deputy attended
	Apologies received
	No longer member



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Agenda Item No. 07

REPORT TITLE

NHS Research and Development Framework - Assessment Template

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	6 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Andy Swinburn – Executive Director of Paramedicine
Author(s) of report	Nigel Rees – Assistant Director of Research & Innovation

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The NHS R&D framework was developed in 2023 to outline what research excellence looks like in NHS Wales. The framework is used for multiple purposes including to support broader strategic discussions between the Research and Development Division (RDD), Welsh Government (WG) and NHS organisations at performance meetings. WAST is required to adopt and conduct organisational wide assessments against this framework.



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2. The framework attached [**Annex 1**] outlines the current position of the Welsh Ambulance Services University NHS Trust Research and Development (R&D) including relevant activities undertaken in 2026, against the 10 pillars within the NHS R&D framework and outlines future plans to support R&D implementation within the Trust.
3. The Impact of WAST Research paper [**Annex 2**] is attached to supplement information on the 10 NHS R&D framework pillar – Research Impact.
4. A letter from Isabel Oliver and Gareth Cross [**Annex 3**] is also attached, addressed to executive leads for research and development outlining the requirement to complete the 2 years on assessment exercise against the implementation of the NHS R&D Framework. The NHS R&D Framework Assessment 2026 Guidance [**Annex 3.1**] which was shared with the letter to R&D leads is also attached for information.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Academic Partnership Committee is requested to:

1. Note and discuss the content of the NHS R&D Framework – Assessment template current status 2026 v1 report [**Annex 1**].
2. Note and discuss the content of the Impact of WAST Research v1 23.02.26 [**Annex 2**].
3. Endorse continued self-assessment against the framework within the Trust.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Academic Partnership Committee is requested to receive the following:

Annex 1 NHS R&D Framework Assessment Template Current Status 2026 v1 23.02.26

Annex 2 Impact of WAST Research v1 23.02.26

Annex 3 Letter from Isabel Oliver and Gareth Cross

Annex 3.1 NHS RD Framework Assessment 2026 Guidance



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
	N/A

NHS R&D Framework – assessment template

Current status 2026

The NHS R&D Framework was developed in 2023 to outline what research excellence looks like in NHS Wales. The Framework will be used for multiple purposes including to support broader strategic discussions between the Research and Development Division (RDD), Welsh Government (WG), and NHS organisations at performance meetings.

Please provide an assessment of the current position and relevant activities undertaken this year against the 10 pillars within the NHS R&D Framework and outline future plans to support its implementation.

The framework can be accessed here -

https://healthandcareresearchwales.org/sites/default/files/2023-07/NHS_RD_Framework-FINAL_eng.pdf

Name of organisation: Welsh Ambulance Service University NHS Trust

STRATEGY

WAST continues to embed the NHS Framework for R&D, which has also been synthesised into Academic Partnership Committee reporting, our IMTP, annual report and Responsible Research, Development & Innovation the Welsh Ambulance Services 5-year Plan 2025-2030, recently approved by Trust Board. This plan outlines future priorities and plans for RD&I, and has a vision to:

“Embed high quality and responsible Research, Development and Innovation across WAST, to provide the right care in the right place, wherever and whenever it is needed”

Plans for improvement within this document span the following key areas:

- **Responsible** Governance and policy, supported by transparent structures and systems
- **Responsible** financial stewardship
- Cultivating an inclusive, supportive and **Responsible** approach to growing RD&I capacity and capability of our workforce through distributed leadership, partnership and collaboration
- **Responsible** RD&I development, delivery and decision making that is Patient and Public centred
- **Responsible** communications, visibility and impact

WAST RD&I continues to develop, embed, monitor and report on all RD&I across the Trust, and in this report, we have in-focus updates from our operations directorate:

The Operations Directorate in Focus:

Increasingly embeds evidence and research in decision-making, aligning with Trust-wide R&I ambitions, including those outlined in the IMTP where WAST commits to developing and delivering high-quality R&I and adopting the NHS R&D Framework recommendations.

Operational priorities (performance, patient safety, alternative care pathways, demand management) are well-placed to benefit from research partnerships.

Activities This Year

- Supported research-aligned service evaluations, especially around patient flow and alternative clinical dispositions.
- Contributed operational input into Trust IMTP R&I priorities.
- Piloted small-scale evaluation of operational innovations.

Examples

- ***Paramedic 3 Research Recruitment:*** Paramedic 3 teams integrated research recruitment into everyday EMS responses, approaching eligible patients in real time and contributing to recruitment targets for national pre-hospital trials. This helped demonstrate the feasibility of embedding research activity directly into frontline care pathways.
- ***EMSC participations in 999 Respond 1 (WAST Sponsored with Warwick and Bristol University partners):*** EMSC staff permitted researchers to observe decision-making processes, providing insights into triage, dispatch, and alternative response models. This helped refine study methodology and ensure it reflected real operational contexts.
- ***End of Life Care Research Interviews:*** Staff who had been deployed to support palliative care initiatives were interviewed to capture qualitative learning about patient/family needs, EMS-palliative care collaboration, and operational barriers, feeding into a wider evaluation of compassionate care delivery.
- ***RAPID 2 Trial Delivery:*** Operational teams coordinated with theatre departments to support paramedics delivering nerve-block interventions in controlled hospital environments, including patient identification, consent, and follow-up processes.
- ***Drone Study Support:*** EMSC and operational leads supported logistics planning, reviewing airspace, operational impacts, and feasibility of using drones for clinical/operational functions (e.g., delivering equipment or supporting search and rescue).

Future Plans

- Formalise identification of operational research priorities during annual planning cycles.
- Build clearer linkages between R&I outputs and operational delivery improvements.

GOVERNANCE AND LEADERSHIP

Governance and leadership spans WAST from to frontline services to board level and reflects our aspirations for distributed leadership.

There is a board committee – the Academic Partnership Committee - whose remit is to oversee on behalf of the Trust Board the strategic direction and development of research and innovation activities within the Trust, and to oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales requirements. The terms of reference for this committee are available on the Trust website [here](#).

The Trust Board has appointed a non-executive board member has the Board Champion for Research. This person acts as an ambassador for and champion of research and development activities within the Trust as is a member of the Academic Partnership Committee. In 2025/26 this person is Professor Hayley Hutchings. Professor Huchings' biography and research portfolio details are available [here](#).

The membership of the Academic Partnership Committee extends to requiring attendance from colleagues across the Trust from various directorates, including Digital, People and Culture and Strategy. This committee composition, in addition to the wider organisational structures support the focus on research activities within the Trust. The open business of the Academic Partnership Committee is available [here](#). The frequency of the committee meetings for 2026/27 is planned to be two meetings as opposed to four as has been the case in previous years. This is in response to a recent board committee effectiveness review.

The Academic Partnership Committee receives regular updates in regard to the implementation of the Research and Development Framework and the annual research report. The open business of the Academic Partnership Committee is available here: [Academic Partnership Committee - Welsh Ambulance Services University NHS Trust](#). At the meeting of the Trust Board in January 2026 the board received and approved the Trust's 5 Year Research Plan.

External Leadership

Our people lead and support high quality and international RD&I

- RD&I funding panels, including: HTA Clinical Trials, NIHR Decarbonisation HCRW faculty, Chairs and members of NIHR Trial Steering committees
- Ongoing representation on NHS R&D Directors and innovation Leads groups.
- Representation on high level policy: PRIORITY project, Department for Transport Drone Integration network, HCRW, Research Operational Delivery Group, NHS R&D Framework group and the Cross Part Group on Medical Research.
- Collaboration with all Wales Innovation network on development of Intellectual Property Policy/approach.
- Development of Sponsorship Policy

Currently conducting a '2 year on' assessment of the implementation of the NHS R&D framework following the initial baseline assessment undertaken in 2023, which will be presented to WG and inform our annual performance meeting. This work spans the expected standards of Research required by Welsh Government as utilised in this report set out across 10 pillars outlining the features of a research supportive organisation.

The Operations Directorate in Focus:

Current Position

Operations governance (Quality Governance, EPRR, CAD/Clinical oversight) already reviews evidence-based initiatives. R&I visibility is present, but structured R&D accountability within Operations is developing.

Activities This Year

- Engagement with R&I strategic groups, including multidisciplinary research development groups referenced in corporate plans.
- Ensured operational representation in research discussions that impact service delivery.

Examples

- A proposal is in place to appoint an operations representative to the Research, Development & Innovation (RD&I) Committee, ensuring operational considerations are integrated into governance, assurance, and study decision-making.

Future Plans

- Nominate an Operations R&D Lead.
- Establish routine R&I updates within Operations assurance meetings.

PARTNERSHIP AND COLLABORATION

- Following a call for Ambulance Service Research from the NIHR/HTA WAST have collaborated on, and/or co-led the following proposals with a wide range of UK partners:
 - Prehospital point-of-care troponin testing in ambulances: a randomised controlled trial (PREPARE):
 - CLinical and cost-Effectiveness of Ambulance Take-home Naloxone supply and follow up caRe (CLEAR)
 - Intramuscular adrenaline in adult out-hospital cardiac arrest (PARAMEDIC-AIM)
 - Defibrillator pad position in adult out-of-hospital cardiac arrest (PARAMEDIC-PADS)
 - Pre-hospital steroids following adult out-of-hospital cardiac arrest (PARAMEDIC-DEX)

- WAST have also collaborated on, and led the following proposals with a wide range of UK partners:
 - DEPWOC: Drivers and Experiences of Pregnant Women Calling NHS 111 Wales for pregnancy related reasons. Collaboration between WAST, Cardiff University, Swansea University and Cardiff and the Vale Health Board. Submitting to HCRW integrated Funding Scheme
 - Optimising placement of public-access Automated External Defibrillators (AEDs) in Wales, using mathematical modelling techniques. WAST collaboration with Warwick University. Submitting to HCRW Integrated Funding Scheme
 - SWELTER. Supporting Wales's Ambulance And Social Care Systems To Work In Hot WEatheR. Bangor University
 - TOMHAS2 – The Influence on Treatment and Outcomes of Mode of Hospital Attendance for Suspected Stroke Swansea University
- WAST co applicant partners with NHS Wales Performance and Improvement and other Trusts/HB's in Wales. Submitting application to NIHR to evaluate the National Strategic Programme for Mental Health Research.
- Board membership developing Stroke Tech Forum Conference.
- ASHaH: Ambulance Services and Hospital at Home. WAST/Swansea University collaboration. Targeting NIHR HSDR
- SEE-SAFE: Understanding and Reducing Visual Distortion in Clinical Image Transfer and Video Consultations. Bangor University.

The Operations Directorate in Focus:

Current Position

WAST Operations regularly collaborates with academic and clinical research partners, particularly on EMS-specific studies. Partnerships with Warwick University, PRIME Centre Wales, NIHR-funded programmes and HCRW networks are well established within WAST.

Activities This Year

- Supported national and local studies requiring operational sites and EMS participation.
- Contributed to research on urgent and emergency care demand, patient experience, and operational flow.

Examples

- DOMs, Senior Paramedics, and Locality Managers assisted in distributing study information (posters, point-of-care cards, envelopes for Paramedic 3) to stations, improving awareness and increasing participant recruitment
- Continued delivery support for collaborations with Warwick, PRIME Centre Wales, and NIHR, ensuring WAST remains a key EMS contributor to large-scale national and international studies.

Future Plans

- Expand joint research on key operational pressures (handover delays, workforce deployment, digital triage).
- Improve engagement with universities on rapid-cycle operational research.

RESEARCH SUPPORT

WAST continues to sponsor, design and support studies. RD&I team cooperating with other departments in areas of development, delivery, governance and improved access to data.

The Operations Directorate in Focus:

Current Position

Operational teams facilitate research access to bases, patient-facing care, and data systems, though processes vary by area.

Activities This Year

- Provided operational feasibility input for several research proposals.
- Supported R&D Division with data extraction, staff engagement, and site access.

Examples

- CHARU delivered induction-style sessions for operational teams each time a new trial launched, ensuring crews understood study aims, eligibility, safety processes, and their role.
- Research Secondments: Operations released staff into rotational or fixed-term research posts, enabling teams to gain research skills and directly support study setup, data collection, and patient follow-up.

Future Plans

- Develop Operations-specific guidance for engaging with research studies to streamline staff burden.
- Embed R&D awareness in Operations induction and manager development

RESEARCH DELIVERY

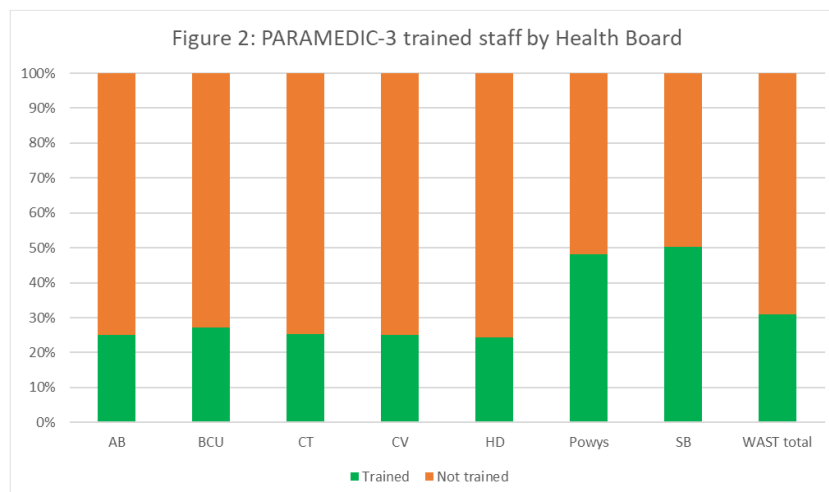
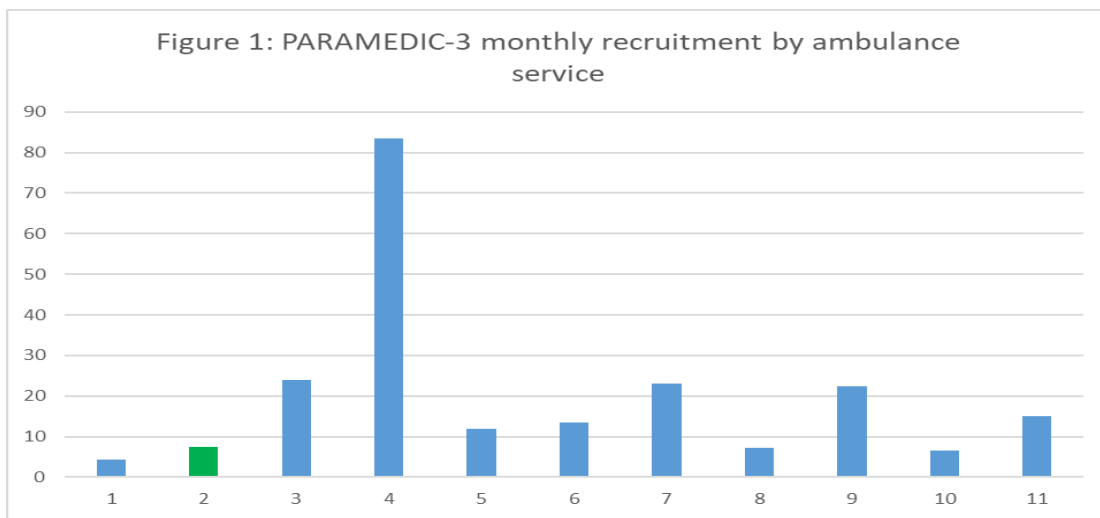
WAST R&I team have recently delivered the following Pan-Wales studies, including:

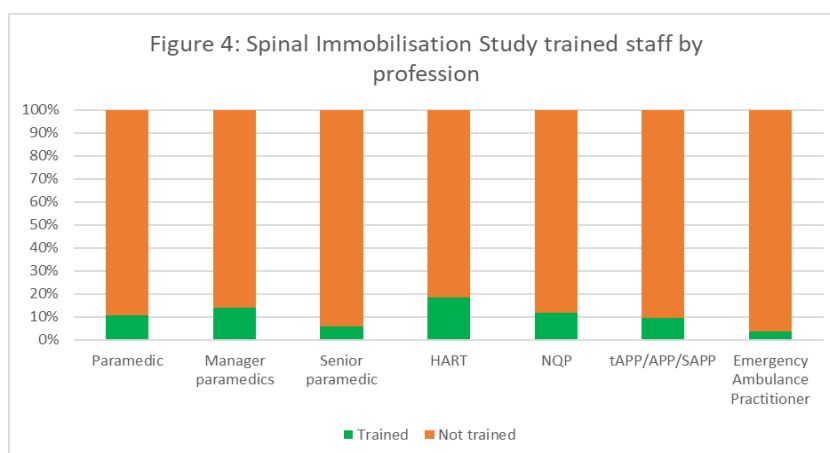
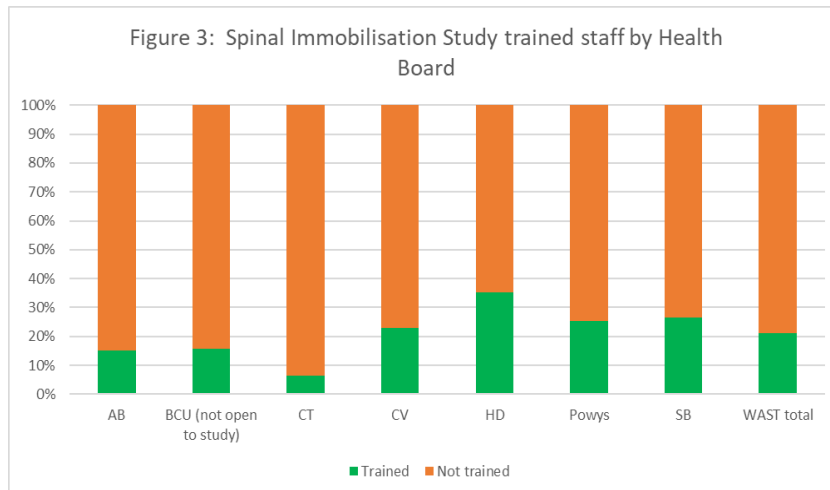
- 3D Drone Project / Skybound
- SIS Trial: This is a HTA funded Trial and WAST led as a One Wales approach. Significant input needed for this from WAST RD&I and the PI. Study set-up across Wales faced significant delay and all Health Boards included except BCUHB trial came to end before final R&D C&C.
- RELIEF: End of project report submitted to HCRW. Dissemination activities underway

WAST R&I team are currently delivering the following studies, some of which are Pan- UK/Wales:

- RAPID 2: Site reactivation
- 999 RESPOND 2: WAST Sponsor All UK ambulance services (except two) now sites.
- Out of Hospital Cardiac Arres Outcomes registry
- 11 PhD projects
- Dragon Heart: UKRI funded Welsh Health Drone Research and Innovation Partnership / Welsh Blood Drone Project

The following chart highlights the continued challenges with engagement of staff and recruitment to studies:





The Operations Directorate in Focus:

Current Position

The Directorate supports delivery of EMS-specific trials and evaluations. Operational involvement is essential for studies such as RESOND, PEACE, PARAMEDIC and other WAST-supported national trials referenced in IMTP narrative.

Activities This Year

- Coordinated frontline staff participation.
- Contributed to service evaluation elements requiring operational datasets.

Examples

- Paramedic 3 teams collected patient-level data, supported consent processes, and completed study protocols in line with clinical safety requirements.
- Staff experiences informed development of compassionate care pathways and fed into improvement recommendations.
- Operational teams supported cross-boundary working with theatres and acute hospitals, enabling novel EMS-delivered interventions to be tested.

Future Plans

- Strengthen coordination between Operations, Clinical, and R&D teams.
- Identify “research-ready” operational sites.

FINANCE

Good stewardship of NHS R&I funding is a high priority and outlined within our five-year plan, the NHS and HCRW R&D finance policies. We continue to:

- Benefit from highly specialist WAST finance support and within the R&I Office
- Identify and recover all R&I costs as per WAST, study specific and HCRW finance arrangements
- Conduct monthly finance meetings internally to WAST and with external partners such as HCRW and project teams
- VPAG funding secured for Clinical RSO development to expand commercial research within WAST alongside securing SSC’s funding for additional staff capacity to deliver studies.

Current Position

Operations contributes in-kind resources (staff time, estates access) to research but currently lacks a directorate-level approach to cost recovery.

Activities This Year

- Provided staff release time for high-value studies.
- Worked with R&D to review studies’ operational impact/cost.

Future Plans

- Explore opportunities for targeted R&I funding to support operational research participation.
- Develop clearer financial processes for costed operational support.

NHS WORKFORCE CAPACITY AND CAPABILITY

We continue to grow and develop our workforce capacity and capability to conduct RD&I. Below are some examples and challenges:

- Clinical Research Officer Cendl Xanthe secured VPAG Fellowship to explore commercial research opportunities in WAST
- One active Chief investigator recently retired.
- Regional Clinical Lead – Consultant Paramedic Completed NIHR Associate Principal Investigator scheme. Two further Consultant Paramedic now enrolled. This will constitute half of WAST Consultant Paramedic Leadership teams with a view of future becoming future PI’s
- Range of staff undertaking Phd and MRes
- Head of Research and Innovation appointed and has taken on PI on two portfolio studies
- Interest in research among operational staff is growing; however, time, confidence, and research skills vary. IMTP documents emphasise workforce fatigue and capacity constraints as a research challenge across the Trust.

- Remote care lead active research portfolio and developing as a Chief investigator

The Operations Directorate in Focus:

Activities This Year

- Supported staff engaging in postgraduate study and academic pathways.
- Promoted awareness of existing R&I outputs (e.g., RESPOND updates, PEACE findings).

Future Plans

- Develop a structured R&D capability offer for operational managers.
- Promote clinical academic career pathways for paramedics and EMS staff.

PUBLIC INVOLVEMENT AND PARTICIPATION

- All WAST research has PPI involvement
- PPI Standard Operating Procedure in development
- Two PPI members involved in the RESTART development group which has been developing a bid for funding to test Anterior Posterior vs Anterior Lateral defib pad placement. This project has been taken forward to HTA funding application
- One PPI Member involved in the development of a bid for Optimising placement of public-access Automated External Defibrillators (AEDs) in Wales, using mathematical modelling techniques.
- Two PPI co-applicants currently actively involved in the delivery of 999 RESPOND 2.

Current Position

Operations regularly engages with patient feedback mechanisms (patient experience, complaints), which inform improvement and research priorities.

Activities This Year

- Supported public engagement around research into violence/aggression toward EMS staff (e.g., PEACE studies).

Future Plans

- Seek patient/public involvement early in research shaping operational models (e.g., alternative conveyance, digital care navigation).

COMMUNICATIONS AND ENGAGEMENT

The RD&I team uses regular internal and external communications to engage with colleagues and inform members of the public about research. We also provide and support events such as those below:

- Medi Wales Connections Conference WAST Session: Emergency and Urgent Care Research.

- Kings College London conference presentation Drone Research for Advancing Community Healthcare & Medicine Access – DRACHMA:
- Welsh Parliament Medical Research Cross Party Group Showcase: WAST R&DI Stand
- Welsh Parliament HCRW Celebrating inclusivity in research in Wales WAST R&DI Stand
- WAST RD&I Workshops: North Wales, Southeast Wales, Mid Wales and West Wales

News Articles

[Southern Daily Echo](#)

ITV

- [Wales247](#)
- [STV](#)
- [DroneXL](#)
- [The Engineer](#)
- [News Medical](#)
- [Healthcare in Europe](#)
- [AOL](#)
- [Yahoo! News](#)
- [Parliament Politics](#)
- [AZO Robotics](#)
- [EuropaWire](#)

The Operations Directorate in Focus:

Current Position

R&I communications reach operational teams intermittently. Awareness of research findings varies across EMS Locality and Area teams.

Activities This Year

- Shared research summaries via operational bulletins and governance meetings helping crews understand what studies were active and how findings linked to operational improvement work.
- Highlighted R&I developments linked to operational transformation.

Future Plans

- Create a regular Operations-facing R&I communication channel.
- Promote research impact stories that demonstrate operational performance benefits.

RESEARCH IMPACT

Impact paper attached.

The Operations Directorate in Focus:

Current Position

Operational implementation is central to delivering the impact of WAST research — particularly studies affecting EMS care pathways, safety, and service redesign.

Activities This Year

- Evidenced based improvements influenced by research (e.g., workforce development insights, triage/support model learning, operational flow work).
- Supported implementation of findings from national EMS research programmes.

Examples

- Research from Paramedic 3 deployments has informed decisions on advanced practice models, supporting evidence-based workforce planning.
- Operational insights from drone research directly informed feasibility, safety considerations, and future digital transformation planning.

Future Plans

- Develop a clear mechanism for capturing operational improvements derived from research.
- Build dashboards linking operational KPIs with research-informed interventions.

Presentations

Decarbonising Rural Healthcare with Digital Health Technologies (Welsh Ambulance Service University NHS Trust Rural Health Care Wales)

Publications:

Reference: Miles, J., Brady, M., Smith, L., Cotterill, C., Levey, C. (2025). The use of Artificial Intelligence in the out of hospital care settings: A Scoping Review. medRxiv. <https://doi.org/10.1101/2025.04.04.25325245>

Porter, Alison, Fiona Bell, Mike Brady, Shona Brown, Andrew Carson-Stevens, Timothy Driscoll, Bridie Angela Evans et al. "Every day was a learning curve': implementing COVID-19 triage protocols in UK ambulance services—a qualitative study of staff experiences." *Emergency Medicine Journal* 42, no. 11 (2025): 747-751.

Roynon, R.E., Brady, M., Noblett, P., Malin, R., Brown, C. and Fivaz, C., 2025. Appropriateness of NHS 111 Wales outcomes—using the Call Prioritisation Streaming System: a RAND/UCLA modified Delphi method. *BMJ open*, 15(7), p.e097914.

Brady, Mike, Alannah Lyall, Mark Conrad Fivaz, Craig Brown, Deborah Armstrong, Emily Harries, Rhiannon Roynon, and Ruth Davies. "Development of the Call Prioritisation Streaming System (CPSS) for NHS 111 Wales." *BMJ Innovations* 11, no. 2 (2025).

Brady & Dippenaar (2025). Qualitative Data Collection. In: *Paramedic Research, Principles, Designs, and Methods*. Class Professional Publication, published June 16, 2025.

Brady, M., et al. (2025). Remote Assessment Consultation & Decision Making. In: *Blaber's Foundations for Paramedic Practice: A Theoretical Perspective*, published January 10, 2025

Gwenan, Brady, and Harvey (2025). Safeguarding Children. In: *Blaber's Foundations for Paramedic Practice: A Theoretical Perspective*, published January 10, 2025.

Driscoll, T.J., Black, S., Davies, G., Gale, C.P., Gavalova, L., Halter, M., Hughes, C., Munro, S., Rees, N., Rosser, A. and Snooks, H., 2025. Prehospital 12-lead ECG and outcomes in acute coronary syndrome. *Heart*.

Palmer, G.I., Tuson, M., Knight, V., Harper, P., Brice, S., Smith, L. and Gartner, D., 2025. On the optimization of heterogeneous ambulance fleet allocations. *IMA Journal of Management Mathematics*, p.dpaf027.

Smith, C.M., Powell, C., Bernstein, C.J., Howe, H., Holt, M., O'Sullivan, M., Couper, K. and Rees, N., 2025. The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest. A simulation study. *Resuscitation Plus*, p.101045.

A paper, titled "The use of Artificial Intelligence in the out-of-hospital care settings: a scoping review", authored by Dr Jamie Miles (University of Sheffield), Dr Mike Brady (WAST), Dr Leanne Smith (WAST), Dr Charlotte Cotterill (University of Sheffield) and Charlotte Levey (WAST), has been submitted to a new open access, peer-reviewed journal 'BMJ Digital Health & AI' for publication. This journal aims to "bridge the gap between technology and healthcare", an alignment with WAST's strategic objective of being at the forefront of innovation and technology and the ambitions within WAST's Digital Plan.

The following paper has also been submitted: Palmer, G.I., Tuson, M., Knight, V., Harper, P., Brice, S., Smith, L. and Gartner, D., 2025. On the optimization of heterogeneous ambulance fleet allocations. *IMA Journal of Management Mathematics*, p.dpaf027.

Porter, A., Bell, F., Brady, M., Brown, S., Carson-Stevens, A., Driscoll, T., Evans, B.A., Foster, T., Gallanders, J., Gunson, I. and Harris-Mayes, R., 2025. 'Every day was a learning curve': implementing COVID-19 triage protocols in UK ambulance services—a qualitative study of staff experiences. *Emergency Medicine Journal*.

Rees, N., Tod, D., Fiorentino, F., O'Meara, P., Williams, L., Williams, J. and Hawkes, C., 2025. Attitudes towards protecting Emergency Medical Services (EMS) staff from violence and aggression: a survey of adults in Wales. *BMJ open*, 15(4), p.e092949.

Driscoll, T.J., Black, S., Davies, G., Gale, C.P., Gavalova, L., Halter, M., Hughes, C., Munro, S., Rees, N., Rosser, A. and Snooks, H., 2025. Prehospital 12-lead ECG and outcomes in acute coronary syndrome. *Heart*.

Ji, C., Pocock, H., Deakin, C.D., Quinn, T., Nolan, J.P., Rees, N., Charlton, K., Finn, J., Rosser, A., Lall, R. and Perkins, G.D., 2025. Adrenaline for traumatic cardiac arrest: A post hoc analysis of the PARAMEDIC2 trial. *Resuscitation Plus*, 22, p.100890.

Angouri, J., Ting, S. S. P., Booker, M., Rawlinson, D., Nadeem, L., & Rees, N. (2024). 'JUMPED OUT OF THE WINDOW': Textual trajectories in emergency medical dispatch. *Discourse & Society*, 36(5), 613-639.

<https://doi.org/10.1177/09579265241296901>

Conference Outputs

Ting SS, Angouri J, Booker M, et al, PP18 Lost in transmission: risk negotiation in emergency medical dispatch, *Emergency Medicine Journal* 2024;41:A9.

Paramedic decision making at end-of-life workshop led by Chris Moore at 999EMS Research Forum Annual Conference 2025.

Presented papers at the COP 2025 annual research conference Birmingham and posters on 999RESPOND-2 and RELIEF at the 999EMS Research Forum in Newcastle.

Presented a session on emergency and urgent care research at Medi Wales Connects 2025 which included presentations for:

- 'Just in Case' medicines use by ambulance paramedics Responding to End-of-Life Care In the Community: a multi-methods study of the Experiences of Paramedics, Doctors, Family and Carers (RELIEF)
- 'Probiotics Can Support the Well-Being of Healthcare Workers During the Winter' (PROWEB)
- Optimising the use of the Advanced Paramedic Practitioner (APP) in Wales to meet the patients care needs. A Service Evaluation of the 'APP Navigator'
- Complex Decision Making in Emergency Medical Dispatch (999RESPOND)

The following papers are being reviewed for publication:

- Moore et al (under review) 'Just in Case' medicines use by ambulance paramedics Responding to End-of-Life Care In the Community: protocol for a multi-methods study (RELIEF).
- Woywodt et al (under review) Distorted Visual Information as a Cause of Clinical Error An Under-Recognised Risk with the Use of Video for Clinical Encounters.
- Lewis, Gough, Brady (under review) Exploring Remote Patient Monitoring in Out of hospital Emergency Care: Implications for Ambulance Services.
- Brady et al (Under review) Piloting Conversational AI in Urgent Care Early Insights from NHS 111 Wales and Implications for Digital Health Innovation

Please outline ways in which Health and Care Research Wales and R&D Division in WG can support your organisation with the implementation of the framework.

- SIS Trial opted for a Once for Wales approach but faced significant delays in set up. Support greater understanding of efficient approach to All Wales prehospital studies.
- We continue to encounter student projects, innovations, service evaluations and improvements which meet the HRA definition of research. HCRW, NHS

Wales and Welsh Government consider working towards clarity around such activities.

- We have learned of studies funded by NIHR and HCRW may not have received HRA approval or included WAST as sites, despite accessing routinely available data and surveying and interviewing WAST staff. This activity will not be captured in performance reporting, nor will the RD&I office have assurance over the governance processes.
- After many years of successful partnership WAST were not included as co-applicants on PRIME Centre Wales breaking this long standing and highly productive collaboration. We are working to address this. Welsh Government and HCRW consider opportunities to formalise links between its funded centres and units.
- WAST not invited to take part in large NIHR funded studies led from Wales by HCRW infrastructure/centres. We are working to address this and ask Welsh Government and HCRW to consider opportunities to influence WAST/Wales becoming sites for such Wales led studies?

The Operations Directorate in Focus:

- Prioritisation support to identify R&D areas most likely to alleviate operational pressures (handover delays, workforce sustainability, EMS demand).
- Training and development tailored for operational leaders on research governance and delivery.
- Improved data-sharing infrastructure to enable timely access to operational data for research.
- Standardised templates and processes to reduce administrative burden on operational teams when participating in studies.

Welsh Ambulance Services University NHS Trust

Today's research, tomorrow's care

The impact of Welsh Ambulance Research
on patient outcomes, staff wellbeing and
healthcare delivery

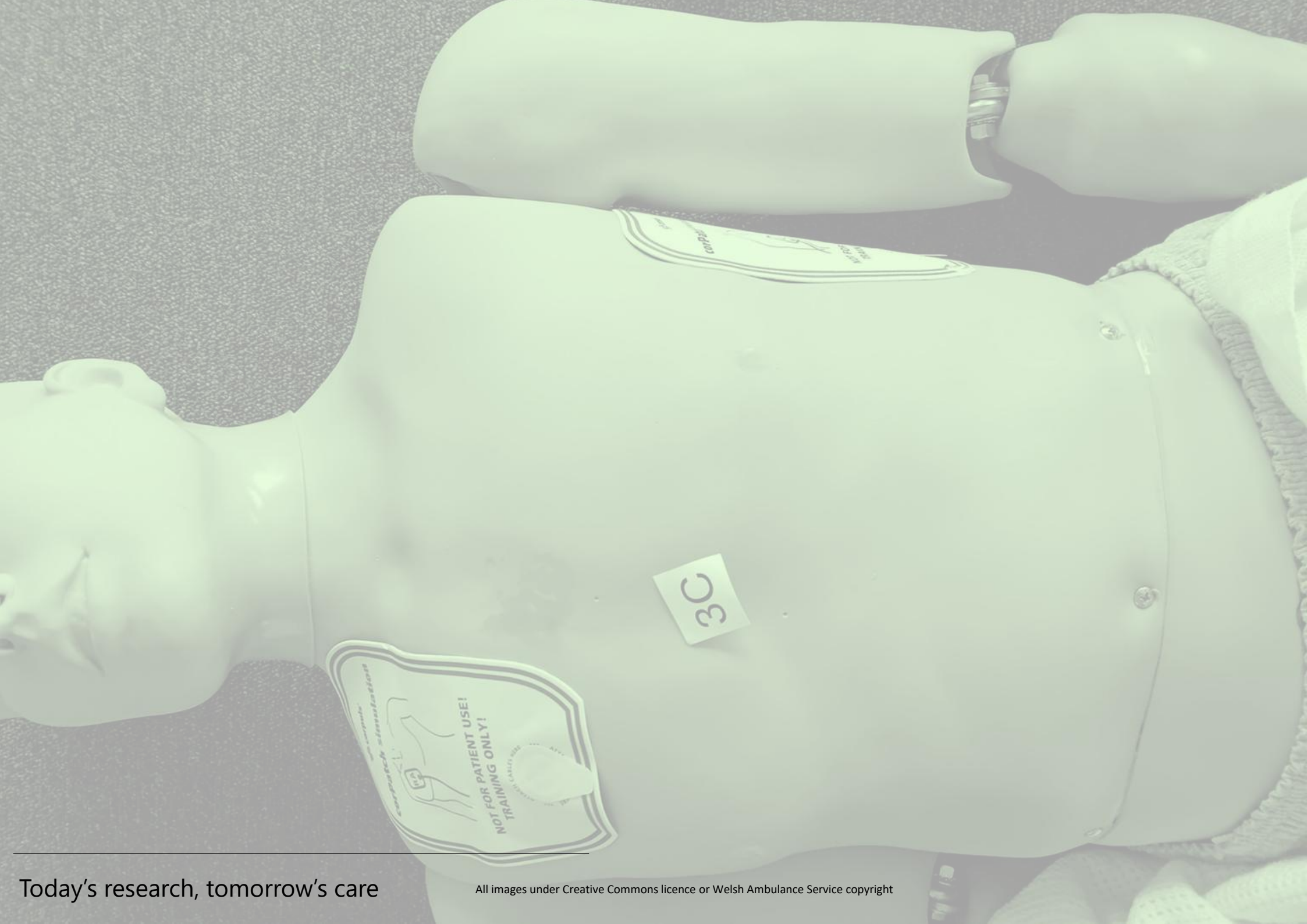


GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

Impact of WAST research
Version 1.0
Released: March 2026

By Professor Nigel Rees QAM
Assistant Director of Research and Innovation
Amb_Research.Development@wales.nhs.uk



A photograph showing a person lying on a stretcher, being attended to by medical staff. One person is pointing at a laptop screen. The scene is overlaid with a semi-transparent green filter.

Foreword

The Welsh Ambulance Services University NHS Trust (WAST) has a longstanding reputation of developing and delivering high quality Research Development and Innovation (RD&I).

In recognition of the role in Education and RD&I, WAST was awarded University Trust Status in 2024, which has raised the profile of RD&I across the organisation. Rapid progress has been made in the breadth and scale of RD&I, providing opportunities to tackle complex challenges faced by WAST, across healthcare in Wales and beyond.

Patients and staff deserve treatments which work, in a high-performing healthcare system. This report shares the work WAST has taken part in and led over the past two decades. We look forward to continuing our research in the years to come.

*Professor Nigel Rees QAM
Assistant Director of Research and Innovation*



Our research questions and their impact

- Defining impact across our portfolio
- Should we use mechanical chest compressions routinely in out-of-hospital cardiac arrest? **PARAMEDIC-1**
- How effective is adrenaline in out-of-hospital cardiac arrest? **PARAMEDIC-2**
- Should we use injections into the bone for patients whose heart has stopped beating? **PARAMEDIC-3**
- Could a simple patch help patients with suspected stroke? **RIGHT-2**
- Could local anaesthetic improve pain relief for patients with suspected hip fracture? **RAPID**
- Could drones help improve cardiac arrest response in rural areas?
- Publications



Defining impact across our portfolio

- This report shows just a few of the studies WAST has supported
- We have a portfolio of research studies covering the three strands of our emergency work: hear and treat (telephone triage), see and treat (where patients are cared for at the scene of the 999 call), and see and convey (where patients are taken to hospital). These do not directly align with acuity, for example, many cardiac arrest patients are cared for under see and treat and have resuscitation discontinued at scene.
- The portfolio includes observational studies, where care is not impacted, but we gain new insights from routinely-collected data, or from research tools such as surveys, focus groups, and simulations
- Finally, we have interventional studies, where a new treatment, medicine, or pathway is compared to existing care, to see whether it has positive impact (see right)

Defining how research creates impact

UK Research and Innovation (a public body sponsored by the Department for Science, Innovation and Technology) defines various research impacts, from academic (changing our understanding) through to instrumental (changing policy, practice and behaviour). Translation to practice can vary in timescale from rapid for withdrawing ineffective treatments such as routine mechanical chest compressions, through to long-term such as introducing new medicines to practice, which needs governance, planning, and training, even after studies demonstrate benefit. See these icons throughout this report:

Patient impact



We look at a range of outcomes, not just survival, but also quality of life, through surveying our patients after they enter a study

Practice impact



Policies and strategies may be impacted by research; ineffective treatments and devices may be withdrawn; pathways may change

Financial impact



Research helps us use limited funding effectively, by considering people's quality of life – do we improve survival to good health, or simply prolong death?

Academic impact



WAST regularly contributes to research which expands our understanding of how to provide excellent care. We measure this impact in various ways, such as by how often studies are cited by other researchers

The PARAMEDIC-1 study



Should we use
mechanical chest
compressions routinely
in out-of-hospital
cardiac arrest?

Should we use mechanical chest compressions routinely in out-of-hospital cardiac arrest?

Mechanical versus manual chest compression for out-of-hospital cardiac arrest (PARAMEDIC): a pragmatic, cluster randomised controlled trial

WAST were one of four ambulance services who took part in this important study. 4471 patients whose hearts had stopped beating were treated with either mechanical chest compressor devices or the usual method of ambulance staff delivering chest compressions manually. Researchers followed these patients up for up to 12 months.

“On the basis of ours and other recent randomised trials, widespread adoption of mechanical CPR devices for routine use does not improve survival”
Perkins et al, 2015

Financial impact

“Our study demonstrates that the use of the mechanical chest compression device LUCAS-2 represents poor value for money when compared to standard manual chest compression in out-of-hospital cardiac arrest.”

Marti et al, 2017



Patient impact

There was no evidence of improved survival to 30-days with the use of mechanical chest compressions (6% of patients survived) compared to manual chest compression (7% survived).



Practice impact

Guidelines around the world were informed by this study: “The task force continues to suggest against routinely using mechanical CPR devices while acknowledging their utility in specific situations” *International Liaison Committee on Resuscitation*

“HTW advises that routine adoption of mechanical chest compression devices across the ambulance service is not currently supported by available evidence” *Health Technology Wales*



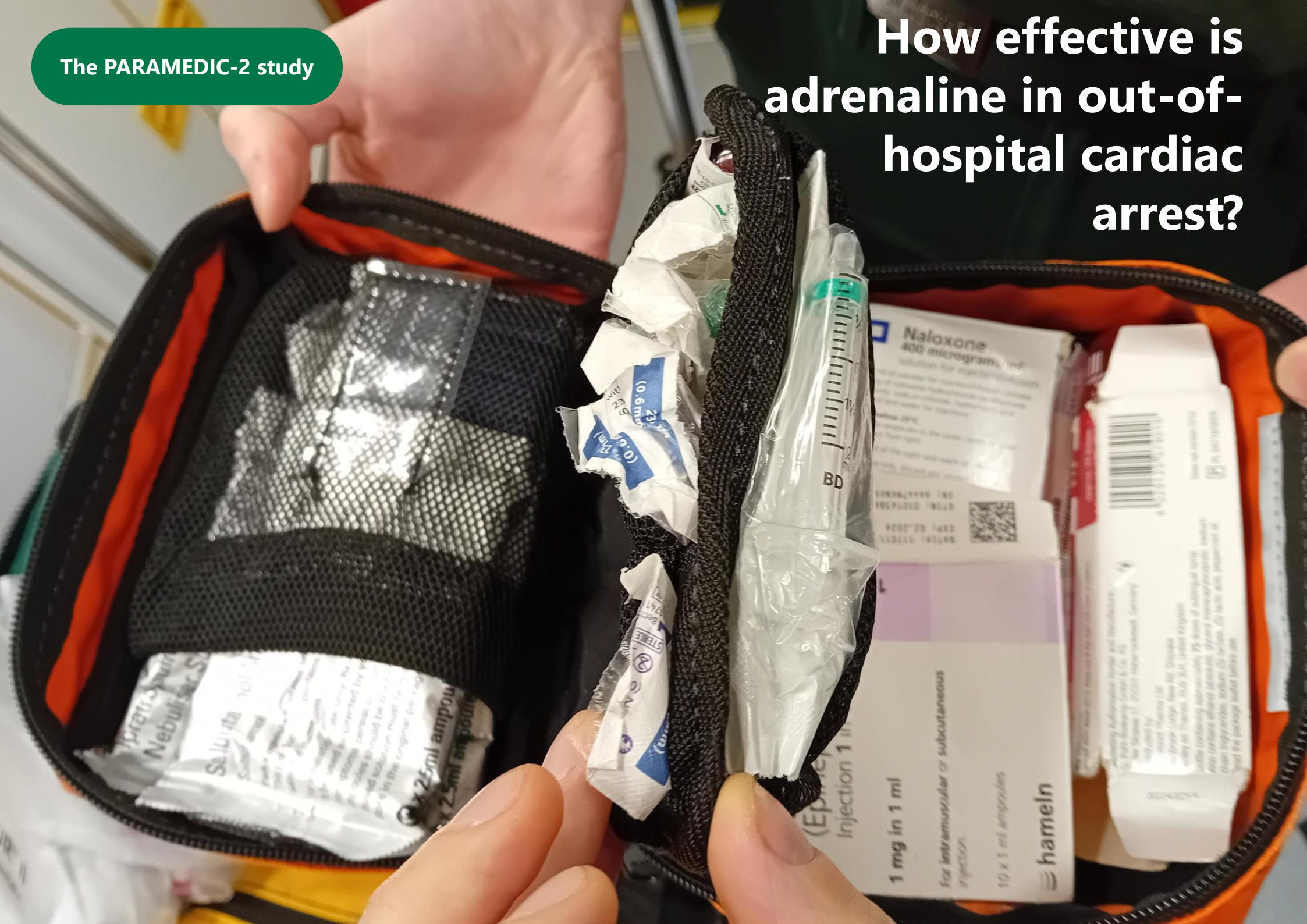
Academic impact

The PARAMEDIC-1 study is highly-regarded around the world, being cited 392 times in academic papers. It was published in the Lancet, which, with an impact factor of 88.5, ranks 1st among 332 general medicine journals.



The PARAMEDIC-2 study

How effective is
adrenaline in out-of-
hospital cardiac
arrest?



How effective is adrenaline in out-of-hospital cardiac arrest?

A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest (PARAMEDIC-2)

WAST were one of five ambulance services who took part in this important study. 8014 patients whose hearts had stopped beating were treated with either adrenaline (in some regions known as epinephrine) or placebo, in addition to all other usual treatments.



Patient impact

“In adults with out-of-hospital cardiac arrest, the use of epinephrine resulted in a significantly higher rate of 30-day survival than the use of placebo, but there was no significant between-group difference in the rate of a favorable neurologic outcome because more survivors had severe neurologic impairment in the epinephrine group.” Perkins et al, 2018



Practice impact

Clinicians and policy-makers alike were clear after this study that the impact of adrenaline administration was much smaller than other interventions such as early bystander recognition of cardiac arrest, early CPR, and early defibrillation. Simultaneously, the study showed that the small improvements seen with adrenaline administration were highly time-dependent; this led the study team to design the PARAMEDIC-3 trial, which WAST also supported (see next page).

Academic impact

The PARAMEDIC-2 study is a landmark piece of research cited by over 600 other papers. Its conceptual impact has helped reshape our understanding of how to improve cardiac arrest outcomes – away from advanced care and towards early intervention from our communities (such as by drone delivery of defibrillators, explored later in this report)



“The number of patients who would need to be treated with epinephrine to prevent one death after cardiac arrest was 112, as compared with early recognition of cardiac arrest (number needed to treat, 11), CPR performed by a bystander (number needed to treat, 15), and early defibrillation (number needed to treat, 5)”

Perkins et al, 2018

Financial impact

“Adrenaline was not cost-effective when only directly related costs and consequences are considered. However, incorporating the indirect economic effects associated with transplanted organs substantially alters cost-effectiveness, suggesting decision-makers should consider the complexity of direct and indirect economic impacts of adrenaline.” Achana et al, 2020



Should we use injections into the bone for patients whose heart has stopped beating?



The PARAMEDIC-3 study

Should we use injections into the bone for patients whose heart has stopped beating?

Pre-hospital Randomised trial of MEDICATION route in out-of-hospital cardiac arrest (PARAMEDIC-3)

WAST joined forces with 10 other ambulance services in this important study. 6082 patients whose hearts had stopped beating were treated with either an injection into the bone (intraosseous) or the usual method of ambulance staff injecting into the vein (intravenous). Researchers followed these patients up for up to 6 months.

“Among adults with out-of-hospital cardiac arrest requiring drug therapy, the use of an intraosseous-first vascular access strategy did not result in higher 30-day survival than an intravenous-first strategy.”

Couper et al, 2025



Financial impact

Cost-effectiveness modelling is in progress. Intraosseous devices are many times more expensive than the usual treatment of cannulation, but costs are also borne downstream through differing admission patterns, so full health economic analysis also uses long-term patient outcomes



Patient impact

There was no evidence of improved survival to 30-days with the use of the intraosseous-first strategy (4.5% of patients survived) compared to intravenous-first (5.1% survived). Neither was there evidence of improved survival to discharge with a good neurological outcome (2.7% intraosseous versus 2.8% intravenous)



Practice impact

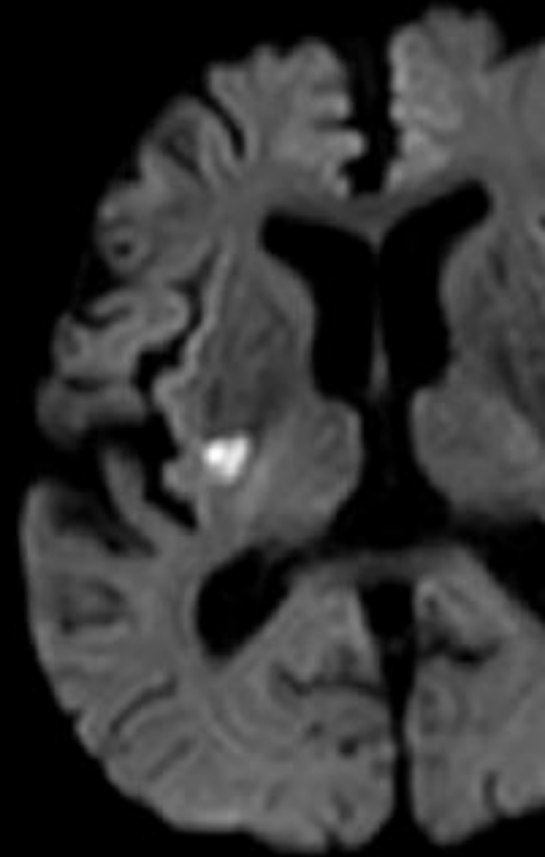
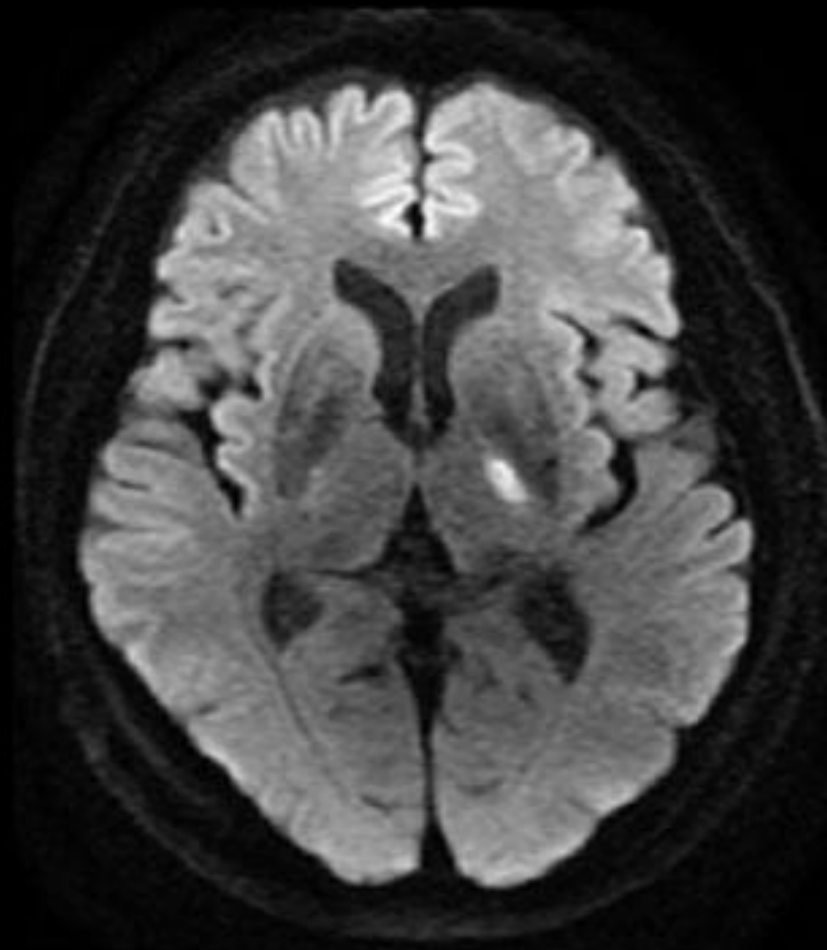
Guidelines already recommended that intravenous-first strategy should be adopted, but in practice, ambulance services were seeing increasing rates of intraosseous use before this study.

“We suggest IV access, as compared to IO access, as the first attempt for vascular access during adult cardiac arrest (weak recommendation, low certainty evidence).”
International Liaison Committee on Resuscitation, draft Consensus on Science with Treatment Recommendations



Academic impact

The PARAMEDIC-3 study, although very recently published, has already been cited 47 times in academic papers. It was published in the New England Journal of Medicine, which is internationally esteemed with a Journal Impact Factor of 78.5, as well as a programme to grant free access to low-income countries.



The RIGHT-2 study

**Could a simple patch help patients
with suspected stroke?**

Could a simple patch help patients with suspected stroke?

Prehospital transdermal glyceryl trinitrate in patients with ultra-acute presumed stroke (RIGHT-2): an ambulance-based, randomised, sham-controlled, blinded, phase 3 trial

This highly collaborative study involved paramedics applying either a GTN patch or a similar sham patch to patients with signs of suspected stroke, replaced for up to 3 days in hospital. It involved eight ambulance services, including WAST, conveying to 54 stroke hospitals.

“Prehospital treatment with transdermal GTN does not seem to improve functional outcome in patients with presumed stroke. It is feasible for UK paramedics to obtain consent and treat patients with stroke in the ultra-acute prehospital setting.”

The RIGHT-2 investigators, 2019

Financial impact

Stroke is an important research topic for the healthcare sector, due to both the impact it has on patients, but also the economy, with the Stroke Association estimating annual costs of stroke at £26 billion. Research spending for stroke is limited, with just £48 per patient, compared with £241 per cancer patient and £118 per dementia patient



Patient impact

There was no evidence of improved survival to 30-days with the use of the intraosseous-first strategy (4.5% of patients survived) compared to intravenous-first (5.1% survived). Neither was there evidence of improved survival to discharge with a good neurological outcome (2.7% intraosseous versus 2.8% intravenous)



Practice impact

This study demonstrated to the research community that ambulance clinicians could recruit to stroke studies in the critical early stages of illness, and that a transdermal patch is a feasible method of medication delivery for prehospital clinicians.



Academic impact

This well-received study showed that ambulance clinicians can recruit to interventional studies even when stroke patients are acutely unwell. Following on from it, other researchers have begun investigations into topics pertinent to stroke care, including:

- Prehospital video triage (PHOTONIC)
- Thrombectomy bypass (SPEEDY)
- Saliva lateral flow test for stroke (GHOST)
- Blood lateral flow test for large vessel occlusion (PRONTO, which WAST has joined)



Could local anaesthetic improve pain relief for patients with suspected hip fracture?



The RAPID study

Could local anaesthetic improve pain relief for patients with suspected hip fracture?

Rapid Analgesia for Prehospital hip Disruption (RAPID): findings from a randomised feasibility study

This feasibility study was delivered with Welsh Ambulance Service as the sole ambulance service treating patients with suspected hip fracture, comparing usual care to fascia iliaca compartment block. This used a local anaesthetic, administered at the scene by specially-trained paramedics to provide pain relief.

“They explained everything – the situation and the reason, did I want to try this and all this. I was glad to see them come in. It was perfect. I could not wish for better.”

[RAPID study patient interview]

Jones et al, 2019

Financial impact

As a feasibility study, this did not provide cost-effectiveness data, but tested whether the patient outcome measures and costs could be measured in a definitive study (currently underway). Costs of an intervention like this include not just the direct costs of anaesthetic and paramedic training, but also downstream costs or savings through length of admission, for example.



Patient impact

We sent quality of life questionnaires to patients in both arms of the study. Patient satisfaction was similar: experimental mean 3.4 (n = 20) versus 3.5 (n = 13) for usual care. Some patients were interviewed about their experiences in the study.



Practice impact

Usual paramedic pain relief for this patient group can include paracetamol, Entonox gas, and opioids. The new method, local anaesthetic injected into the fascia iliaca has been used in hospital settings successfully and with fewer side effects than opioids. It has been tested twice in small prehospital studies, but with the use of morphine at the same time. This feasibility study compared local anaesthetic alone to usual pain relief.

Academic impact

This feasibility study was designed to show whether a full trial would be likely to succeed. The feasibility study RAPID has led directly to the RAPID-2 definitive study being funded. Led by the same research team, and again involving Welsh Ambulance Service staff, this study aims to answer whether local anaesthetic for suspected hip fracture is beneficial for our patients. This study is ongoing.



Could drones help improve cardiac arrest response in rural areas?

o Drone take-off site

o Participant staging area

DRONES



Could drones help improve cardiac arrest response in rural areas?

The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest.

A simulation study

Welsh Ambulance Service worked with academic and industry partners to simulate the delivery by drone of a defibrillator to a bystander performing CPR on a manikin. The study combined audio-recording of the simulated 999 call, video observation, and post-simulation interviews to allow detailed understanding of the entire timeline of events.



Patient impact

This simulation study explored how drones could be delivered to a simulated cardiac arrest. The clinical benefits of early defibrillation are well-established, exceeding by many times some of the so-called advanced care interventions provided by ambulance staff (see PARAMEDIC studies elsewhere in this report).



“Drone start-up procedures were quick but there were delays once the drone arrived on scene..”

Smith et al, 2025

Financial impact

Defibrillation cost-effectiveness does depend on timeliness of delivery as well as siting of the units. Drone-delivered defibrillation may offer an opportunity to overcome some disparities in the location of static public access defibrillators, which are disproportionately located in more affluent areas.



Academic impact

This study’s conceptual impact shows the importance of considering all aspects of the timeline to defibrillator use – including the time before dispatch and after arrival of the drone – not simply the flight time. WAST are now involved in a bid for research funding to model optimal locations for defibrillator drone sites, as well as a study into public acceptability of drones flying over land for health purposes.

Publications

The academic impact of research WAST has taken part in can be measured objectively in a variety of ways. Here, we list a non-exhaustive set of publications based on WAST research alongside the journal impact factor (measures the overall prestige of the journal which published our work) and the number of citations for that specific paper. For both scores, the higher the better. We also present instrumental impact throughout this report – such as changes in practice.

Study	Selected publications	Journal impact factor	Citations
PARAMEDIC-1	Gavin D Perkins, Ranjit Lall, Tom Quinn, Charles D Deakin, Matthew W Cooke, Jessica Horton, Sarah E Lamb, Anne-Marie Slowther, Malcolm Woollard, Andy Carson, Mike Smyth, Richard Whitfield, Amanda Williams, Helen Pocock, John J M Black, John Wright, Kyee Han, Simon Gates Mechanical versus manual chest compression for out-of-hospital cardiac arrest (PARAMEDIC): a pragmatic, cluster randomised controlled trial , <i>The Lancet</i> , Volume 385, Issue 9972, 2015, Pages 947-955	88.5	397
	Marti J, Hulme C, Ferreira Z, Nikolova S, Lall R, Kaye C, Smyth M, Kelly C, Quinn T, Gates S, Deakin CD, Perkins GD. The cost-effectiveness of a mechanical compression device in out-of-hospital cardiac arrest . <i>Resuscitation</i> . 2017 Aug;117:1-7. doi: 10.1016/j.resuscitation.2017.04.036. Epub 2017 May 2. PMID: 28476479	4.6	25
	Ji C, Lall R, Quinn T, Kaye C, Haywood K, Horton J, Gordon V, Deakin CD, Pocock H, Carson A, Smyth M, Rees N, Han K, Byers S, Brace-McDonnell S, Gates S, Perkins GD; PARAMEDIC trial Collaborators. Post-admission outcomes of participants in the PARAMEDIC trial: A cluster randomised trial of mechanical or manual chest compressions . <i>Resuscitation</i> . 2017 Sep;118:82-88. doi: 10.1016/j.resuscitation.2017.06.026. Epub 2017 Jul 5. PMID: 28689046.	4.6	22
PARAMEDIC-2	Perkins GD, Ji C, Deakin CD, Quinn T, Nolan JP, Scomparin C, Regan S, Long J, Slowther A, Pocock H, Black JJM, Moore F, Fothergill RT, Rees N, O'Shea L, Docherty M, Gunson I, Han K, Charlton K, Finn J, Petrou S, Stallard N, Gates S, Lall R; PARAMEDIC2 Collaborators. A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest . <i>New England Journal of Medicine</i> . 2018 Aug 23;379(8):711-721. doi: 10.1056/NEJMoa1806842. Epub 2018 Jul 18. PMID: 30021076.	78.5	630
	Achana F, Petrou S, Madan J, Khan K, Ji C, Hossain A, Lall R, Slowther AM, Deakin CD, Quinn T, Nolan JP, Pocock H, Rees N, Smyth M, Gates S, Gardiner D, Perkins GD; PARAMEDIC2 Collaborators. Cost-effectiveness of adrenaline for out-of-hospital cardiac arrest . <i>Critical Care</i> . 2020 Sep 27;24(1):579. doi: 10.1186/s13054-020-03271-0. PMID: 32981529; PMCID: PMC7520962.	9.3	36
	England E, Deakin CD, Nolan JP, Lall R, Quinn T, Gates S, Miller J, O'Shea L, Pocock H, Rees N, Scomparin C, Perkins GD. Patient safety incidents and medication errors during a clinical trial: experience from a pre-hospital randomized controlled trial of emergency medication administration . <i>European Journal of Clinical Pharmacology</i> . 2020 Oct;76(10):1355-1362. doi: 10.1007/s00228-020-02887-z. Epub 2020 Jun 14. PMID: 32535646.	2.7	11
	Perkins GD, Kenna C, Ji C, Deakin CD, Nolan JP, Quinn T, Scomparin C, Fothergill R, Gunson I, Pocock H, Rees N, O'Shea L, Finn J, Gates S, Lall R. The influence of time to adrenaline administration in the Paramedic 2 randomised controlled trial . <i>Intensive Care Medicine</i> . 2020 Mar;46(3):426-436. doi: 10.1007/s00134-019-05836-2. Epub 2020 Jan 7. PMID: 31912202; PMCID: PMC7067734.	26.1	77

Publications

Study	Selected publications	Journal impact factor	Citations
PARAMEDIC-3	Couper K, Ji C, Deakin CD, Fothergill RT, Nolan JP, Long JB, Mason JM, Michelet F, Norman C, Nwankwo H, Quinn T, Slowther AM, Smyth MA, Starr KR, Walker A, Wood S, Bell S, Bradley G, Brown M, Brown S, Burrow E, Charlton K, Claxton Dip A, Dra'gon V, Evans C, Falloon J, Foster T, Kearney J, Lang N, Limmer M, Mellett-Smith A, Miller J, Mills C, Osborne R, Rees N, Spaight RES, Squires GL, Tibbetts B, Waddington M, Whitley GA, Wiles JV, Williams J, Wiltshire S, Wright A, Lall R, Perkins GD; PARAMEDIC-3 Collaborators. A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest. <i>New England Journal of Medicine</i> . 2025 Jan 23;392(4):336-348. doi: 10.1056/NEJMoa2407780. Epub 2024 Oct 31. PMID: 39480216; PMCID: PMC7616768.	78.5	48
	Hooper A, Nolan JP, Rees N, Walker A, Perkins GD, Couper K. Drug routes in out-of-hospital cardiac arrest: A summary of current evidence. <i>Resuscitation</i> . 2022 Dec;181:70-78. doi: 10.1016/j.resuscitation.2022.10.015. Epub 2022 Oct 26. PMID: 36309248.	4.6	32
	Couper K, Ji C, Lall R, Deakin CD, Fothergill R, Long J, Mason J, Michelet F, Nolan JP, Nwankwo H, Quinn T, Slowther AM, Smyth MA, Walker A, Chowdhury L, Norman C, Sprauve L, Starr K, Wood S, Bell S, Bradley G, Brown M, Brown S, Charlton K, Coppola A, Evans C, Evans C, Foster T, Jackson M, Kearney J, Lang N, Mellett-Smith A, Osborne R, Pocock H, Rees N, Spaight R, Tibbetts B, Whitley GA, Wiles J, Williams J, Wright A, Perkins GD. Route of drug administration in out-of-hospital cardiac arrest: A protocol for a randomised controlled trial (PARAMEDIC-3). <i>Resuscitation Plus</i> . 2023 Dec 30;17:100544. doi: 10.1016/j.resplu.2023.100544. PMID: 38260121; PMCID: PMC10801302.	2.4	7
RIGHT-2	RIGHT-2 Investigators. Prehospital transdermal glyceryl trinitrate in patients with ultra-acute presumed stroke (RIGHT-2): an ambulance-based, randomised, sham-controlled, blinded, phase 3 trial. <i>Lancet</i> . 2019 Mar 9;393(10175):1009-1020. doi: 10.1016/S0140-6736(19)30194-1. Epub 2019 Feb 6. PMID: 30738649; PMCID: PMC6497986.	88.5	92
RAPID	Jones JK, Evans BA, Fegan G, Ford S, Guy K, Jones S, Keen L, Khanom A, Longo M, Pallister I, Rees N, Russell IT, Seagrove AC, Watkins A, Snooks HA. Rapid Analgesia for Prehospital hip Disruption (RAPID): findings from a randomised feasibility study. <i>Pilot and Feasibility Studies</i> 2019 Jun 12;5:77. doi: 10.1186/s40814-019-0454-1. PMID: 31210961; PMCID: PMC6560881.	1.6	18
DRONES	Smith CM, Powell C, Bernstein CJ, Howe H, Holt M, O'Sullivan M, Couper K, Rees N. The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest. A simulation study. <i>Resuscitation Plus</i> . 2025 Jul 25;25:101045. doi: 10.1016/j.resplu.2025.101045. PMID: 40821007; PMCID: PMC12355114.	2.4	-

Thank you for supporting Welsh Ambulance Service research

For any questions and/or support, please contact the Research Team:

Amb_Research.Development@wales.nhs.uk

<https://ambulance.nhs.wales/about-us/research-and-development/>



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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Today's research, tomorrow's care



Llywodraeth Cymru
Welsh Government

Professor Isabel Oliver
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru
Chief Medical Officer/Medical Director NHS Wales

Date: 19/12/2025

NHS Research and Development framework assessment 2026

Annwyl Executive Leads for Research and Development,

Research is a fundamental component of everyday health and care and is critical to the development of all aspects of NHS Wales. Improving health and care services in Wales using evidence-based approaches is key to improving the quality of care and putting the public at the heart of everything. It is accepted, and evidenced globally through quality research, that a health and care system that is active in research and development makes a real difference to improving health outcomes and to the lives of patients and people in our communities.

The Research and Development (R&D) Framework (WHC/2023/026) provides consistent national guidance to NHS organisations on how to embed and integrate research into all aspects of health and care services in NHS Wales.

Following an initial baseline assessment undertaken in 2023, NHS organisations are required to complete a 2 year on assessment exercise against the implementation of the NHS R&D framework. Whilst this is a separate process to the planning Framework and IMTP process, this exercise will run concurrently alongside the planning cycle and is included in the NHS Planning Technical Guidance to support your planning activities. We expect to see your future priorities and plans for R&D align.

The guidance and template for this NHS R&D framework assessment process was co-developed with NHS R&D and NHS Wales colleagues through two interactive workshops in October-November 2025 (attached to the e-mail). As research forms a core part of organisational culture, it is important that the template is therefore completed with contributions from colleagues across your organisation including planning teams, clinical teams and service support services, finance departments, workforce colleagues, communications teams, and teams responsible for digital services and public involvement. Research is everyone's responsibility, and every team should understand, and demonstrate, how they contribute toward this important area.

Please submit the template to Claire.Bond@gov.wales by 31st of March 2026. The return will also form the basis of discussions at the next R&D annual review meeting with each NHS organisation and we will be in touch to organise the meeting in early 2026.

Thank you for your leadership to ensure research is well embedded into core healthcare services, and to make the NHS in Wales a place where research thrives.




BUDDSODDWR MEWN POBL
INVESTOR IN PEOPLE

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Yn gywir,

Isabel & Gareth

A handwritten signature in black ink that reads "Isabel Oliver". The signature is written in a cursive style with a prominent horizontal line at the top.

PROFESSOR ISABEL OLIVER
Chief Medical Officer for Wales

A handwritten signature in black ink that reads "Gareth Cross". The signature is written in a cursive style with a large, sweeping initial "G".

Gareth Cross
Deputy Director for Science Research and
Evidence and Division

NHS R&D Framework Assessment 2026

Technical Guidance

1. Purpose

This guidance document accompanies the NHS R&D Framework Assessment Template and outlines how to complete the return.

This R&D Framework Assessment Template should be completed by NHS organisations as a way of assessing progress against the implementation of the NHS R&D Framework <https://www.gov.wales/sites/default/files/publications/2023-07/research-and-development-framework.pdf>, 2 years since its publication. It also sets out priorities and plans aligned to the broader NHS planning framework 2026-2029.

2. Background and context

The NHS R&D Framework was developed in 2023 to outline what research excellence looks like in NHS Wales. The NHS R&D Framework is being used for multiple purposes including:

- To provide guidelines on the core content of NHS R&D and/or R&D and innovation strategies and implementation plans.
- To provide a framework for organisational self-assessment and peer review to establish the maturity of an organisation in respect of its arrangements and approach to supporting high quality and impactful research.
- To support better alignment between the national and local infrastructure for R&D, including identifying 'once for Wales' opportunities in the context of the national strategy, and/or sharing local good practice.
- To support broader strategic discussions between the Science Research and Evidence (SRE) division, Welsh Government (WG) and NHS organisations at performance meetings.
- To provide one document that can be used consistently across a range of national guidance and activities to simplify reporting processes for example the NHS planning framework (and associated workplans such as Integrated Medium-Term Plan- IMTPs), Welsh Health Circular publications, and the NHS Executive.
- To provide the basis for a work programme to achieve the ambitions within this document, taking a partnership approach with Health and Care Research Wales and NHS organisations working collaboratively.

3. The NHS R&D Framework Assessment 2026

Welsh Government has confirmed that in Spring 2026: a ‘2 year on’ assessment exercise against the implementation of the NHS R&D Framework will be completed. This follows the initial baseline assessment undertaken in 2023.

The NHS R&D Framework Assessment Process, Template and Guidance have been co-developed with NHS R&D and NHS Wales colleagues through two interactive workshops in October- November 2025.

Whilst this is a separate process to the NHS planning framework 2026-2029 and IMTP process, this exercise will run concurrently alongside the planning cycle. This will strengthen the link between the two processes with alignment of future priorities and plans for R&D.

Assessment outputs, including examples of good practice and case studies, will be gathered nationally and shared across NHS organisations. R&D Directors will play a key role in enabling cross-organisational learning by promoting and facilitating the use of these shared insights locally and nationally.

The outputs from the assessment will also form the basis of discussions at the next NHS annual review meetings in 2026 and will inform the wider implementation plans for the R&D Framework across NHS Wales.

4. Completion of the NHS R&D Framework Assessment 2026

Guidance from Welsh Government on completing the assessment template:

- 4.1. In the section, ‘Completion of Template,’ please outline your NHS organisation’s internal process for completing this assessment template, as well as your organisation’s overall progress in implementing the NHS R&D Framework. This should include specifying which departments/ teams contributed to the template’s completion, which resources/ mechanisms/ tools have been used to complete the template and how the requirements set out in Appendix 1 are being broadly addressed.
- 4.2. A range of resources/ mechanisms/ tools can be used by NHS organisations to complete the assessment template, to ensure alignment with local strategies and implementation plans and to identify priorities and plans for the next few years, including a SWOT analysis, benchmarking, peer review and internal consultation. The template includes an optional SWOT analysis which you can complete should you wish to.
- 4.3. The request for the completion of the R&D Assessment has been sent to the Executive Lead for Research in the NHS organisation, with the CEO, R&D Director and the Director of Planning copied in. It is expected that the

- completion of the assessment template will be led by the R&D Director and overseen by the Executive Director for Research in each NHS organisation.
- 4.4. The template should be completed with contributions from colleagues across the NHS organisation including planning teams, clinical teams and support services, finance departments, workforce colleagues, communications teams, and teams responsible for digital services and public involvement. To truly embed research in the NHS organisation through transformational change, all NHS teams must take responsibility for research.
 - 4.5. The NHS organisation's response to the R&D Framework Assessment should be referenced at the NHS organisation's Board meeting, before or after submission, with assurance that it is being appropriately managed by the relevant R&D/ RD&I committee.
 - 4.6. Your NHS organisation's Board Champion should also be engaged in the process of completion.
 - 4.7. This assessment will run concurrently alongside the NHS planning framework 2026-2029 cycle, and there is an expectation to see future priorities and plans for R&D align.
 - 4.8. Under each of the ten pillars in the NHS R&D Framework, please include a brief summary of your 2023 baseline assessment return. This should be a maximum of 250 words.
 - 4.9. Under each of the ten pillars in the NHS R&D Framework, please provide an assessment of current position and progress since the publication of the NHS R&D Framework in 2023. Please provide information on achievements, challenges and solutions since the 2023 return. This could include grant income, partnerships with industry, delivery performance, and number of personal awards underway e.g. PhDs. Please also provide information on plans for the next 1-3 years to support implementation. The plans and priorities could include measures and targets that will set out your local ambitions.
 - 4.10. This should be a maximum of one page per pillar (including the brief summary from 2023 baseline) and can be provided in any format, for example as free text or bullet points.
 - 4.11. Appendix 1 contains the features in the NHS R&D Framework and the Welsh Government Terms and Conditions for NHS Research Delivery Funding.
 - 4.12. It is provided as additional guidance, direction and context for completing the assessment template. The features and Terms and Conditions should be *broadly* addressed through the completion of the assessment template. Appendix 1 should be used as reference rather than a detailed checklist.
 - 4.13. Where available, NHS organisations should use metrics and data to demonstrate evidence and progress against the features and Terms and Conditions in Appendix 1. Where data is included, please include the source of the data, and the date the data was sourced.
 - 4.14. Supporting documentation, and links to relevant webpages should also be included and should accompany the completed assessment template to demonstrate progress including the NHS organisation's R&D strategy and implementation plan, a visual representation of governance structure for



research, R&D annual report and links to the NHS organisation's R&D webpages.

This assessment template should be submitted electronically to the Science, Research and Evidence Division, Health, Social Care and Early Years, Welsh Government (Claire.Bond@gov.wales) **by 17:00 on Tuesday 31 March 2026.**

5. Further information/ questions

If you have any questions about this guidance or would like to discuss your application prior to submission, please contact Claire Bond (Claire.Bond@gov.wales).



Appendix 1

Detailed Guidance: features in the NHS R&D Framework

<https://www.gov.wales/sites/default/files/publications/2023-07/research-and-development-framework.pdf> and

Terms and Conditions for Welsh Government’s Research Delivery Funding.

Completion of Template

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
<ul style="list-style-type: none"> Facilitate local implementation of the Framework 		X
<ul style="list-style-type: none"> Engage in an annual review discussion with the SRE, WG 		X
<ul style="list-style-type: none"> Undertake an annual assessment against the ten pillars outlined in the NHS Framework 		X
<ul style="list-style-type: none"> Implement UK and Wales wide programmes of work across all pillars of the NHS R&D Framework 		X
<ul style="list-style-type: none"> Engage in national activities led by HCRW whereby Wales-wide projects have been identified i.e. engage with and adopt One Wales approaches to research delivery 		X



1. Strategy

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
1.1. R&D strategy signed off by Board with implementation plan and active monitoring which is co-produced with the public/ stakeholder, has a clear vision, connect with organisation's wider strategies/ plans, aligns with national and UK strategies/ plans, and is widely promoted to staff and the public	X	
<ul style="list-style-type: none"> • Have an R&D or R&I strategy with an associated implementation plan 		X
1.2. Clear connection between R&D strategy & implementation plan, and local/ national indicators for research	X	
1.3. R&D has full representation and visibility in IMTP	X	



2. Governance and Leadership

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
2.1. Demonstrate clear Board commitment to research with evidence of contributing to agendas, assessing performance and impact	X	
2.2. Appoint an independent Board member/ champion for research	X	
<ul style="list-style-type: none"> Have a nominated independent board champion for R&D 		X
2.3. Support, raise awareness of, and promote research at all levels	X	
2.4. Executive Lead and R&D Director for research with dedicated time to oversee the R&D strategy and provide strategic leadership	X	
<ul style="list-style-type: none"> Have an Executive Lead for R&D and R&D Director 		X
2.5. Dedicated committee for research wired into governance structure to plan, oversee and report on research	X	
2.6. Annually report on progress against R&D strategy inc. public facing annual report	X	
<ul style="list-style-type: none"> Publish a R&D annual report by June 2026 covering 2025/26 		X



3. Partnership and Collaboration

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
3.1. Establish strong interdisciplinary working within the organisation between departments and specialisms, across primary, secondary and community care, with evidenced connections across research, training and education, service improvement and innovation	X	
3.2. Establish cross sector partnerships across Wales, UK and internationally to increase reach, level and impact, inc alignment of vision, joint R&D strategies, MoUs, plans and progress reviews with: HEIs, Research agencies and funders, public sector organisations (e.g. DHCW, HEIW, RIC hubs), life science companies and representative bodies	X	
3.3. Establish partnerships with external expert advisory boards & key opinion leaders; and benchmark with others	X	



4. Research Support

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
4.1. R&D offices/ departments to support researcher development, research governance and the setup, delivery and quality assurance	X	
4.2. Support for research in departments/ directorates including staff time and NHS support services e.g. radiology, pathology, pharmacy, finance and workforce & organisational development	X	
4.3. Ability to assess organisational capacity and capability to undertake research	X	
4.4. Access to well-equipment physical and digital library services	X	
4.5. Access to space, facilities and equipment for the conduct of research, with ongoing development through the organisation's facilitates and estates strategy	X	
4.6. Efficient IM&IT Structure and Systems to support research, with evidenced alignment to organisation's digital & national strategies	X	
4.7. Processes to contribute to the availability of health data for research purposes	X	
4.8. Commitment to embrace emerging technologies and research enabled by data and digital tools	X	



5. Research Delivery

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
5.1. Implement UK and Wales wide research delivery support programmes	X	
5.2. Adopt One Wales approaches to research delivery inc for approvals, study set up and delivery	X	
5.3. Manage the NHS organisation's research portfolio, leading & participating in a wide range of research, aligned to local strengths, priorities & capacity	X	
5.4. Support research with high policy relevance, aligning with national/ regional priorities and local population needs	X	
5.5. Set realistic study targets, ensure research delivery to time and target, monitor performance and oversee study management data	X	
5.6. Regularly review organisation's track record in research delivery, and benchmark with UK peers	X	
<ul style="list-style-type: none"> • Engage in national activities led by HCRW whereby Wales-wide projects have been identified i.e. engage with and adopt One Wales approaches to research delivery • Identify and receive new studies from the national research delivery team for consideration of One Wales approaches 		X

<ul style="list-style-type: none"> • Agree with the national research delivery team whether a new study or early EOI fits any of the One Wales approaches at the outset • Agree with the national research delivery team sites for proposed selection to sponsors and CROs to support optimum research delivery • Use the National Contract Value Review (NCVR) process • Accept the single study resource review outcome and the local price generated by the interactive Costing Tool (iCT) for all commercial studies • Use the HCRW national standard job description templates [for research delivery staff], where available • Upload [research delivery data] required data to LPMS • Contribute to achievement of the UK study Key Performance Indicators [for research delivery] but noting there is no cascade of these targets at a site level • Continue to monitor and address site level delivery performance utilising the Research Delivery Operational Group and the Business Intelligence dashboard to ensure studies are set-up and delivered well • Have an average closed non-commercial RTT that must be 80% or greater (6 month rolling average according to Power BI). 		
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6. Finance

Feature/ Terms and Conditions	R&D Framework	WG Terms and Conditions
6.1. Secure adequate funding from HCRW to establish sustainable R&D function & manage funding transparently in line with HCRW R&D Finance Policy	X	
6.2. Include R&D within NHS organisation's financial strategies & plans	X	
6.3. Financial plans for R&D, with good forecasting, timely invoicing and proportionate risk management	X	
6.4. Commitment to generate research income for research studies to facilitate capacity building (commercial and non-commercial)	X	
6.5. Help existing and prospective researchers secure grants from a wide range of funding sources to advances their studies	X	
6.6. Ensure financial support is provided to advise on and monitor all costs for research	X	
<ul style="list-style-type: none"> • Have a Finance Policy in place which is in line with NHS Research and Development Finance Policy Welsh Health Circular (WHC/2018/004) • Work in accordance with the All-Wales Research Delivery Funding Technical Guidance • Submit an initial Research Delivery Funding Spending Plan for each financial year 		X



<ul style="list-style-type: none">• Submit monthly financial reports by the required deadlines for monitoring purposes• Submit details in spending plans & monthly financial reports for HCRW research delivery funding, all commercial trial income, national SL roles and ETC funding• Attend monthly financial review meetings to discuss expenditure and research delivery activity underway• Provide information when requested to Welsh Government for audit purposes• Add a capacity building rate of 20% to both direct staff time costs and investigations in the costing and delivery of commercially contracted studies• Use commercial capacity building income to invest in research infrastructure and capacity building initiatives		
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7. NHS Workforce

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
7.1. Promote R&D in W&OD strategy to facilitate research	X	
<p>7.2. Deliver NHS workforce plans with research as key component which includes plans to:</p> <ul style="list-style-type: none"> • Raise awareness of research & research careers (e.g. inductions, mandatory training) • Build research capacity and capability for all staff through professional development of research knowledge & skills (e.g. PADR, mentoring, signposting to training) • Ensure all NHS staff have the opportunity to support research (inc research in JDs, protected time for research, job planning, PADR) • Maintain support for research in the NHS workforce during clinical crises (e.g. winter pressures) • Enhance research delivery capacity amongst workforce • Adopt national policies to enable agile regional and national mobilisation of workforce across NHS organisation boundaries & flexible approaches to staff contracts with partner organisations • Facilitate access to support for staff at all levels who want to undertake research • Explore opportunities for investment in joint clinical academic roles aligned to local/ national plans, in partnership with universities 	X	



8. Public Involvement and Participation

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
8.1. Evidenced commitment to proactive public involvement & participation in research	X	
8.2. Allocate sufficient budget to public involvement, ensuring that public contributors are recognised for their time in line with best practice guidelines	X	
8.3. Ensure all research supported by NHS org is people centred	X	
8.4. Adopt national approach to promote research opportunities to staff and the public & signpost access to the portfolio to enhance participation	X	
8.5. Ensure that the public involved in the NHS organisation's supported research represents the population it serves and develop flexible approaches to involvement to enable inclusive representation	X	
8.6. Adopt the UK Standards for Public Involvement	X	
8.7. Facilitate access to national training on public involvement for research active staff	X	
8.8. Have active representation on the HCRW Public Involvement Alliance	X	
<ul style="list-style-type: none"> Engage in the bi-monthly Health and Care Research Wales alliances for communications and public involvement 		X



9. Communications and Engagement

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
9.1. Include research in NHS organisation's communications and engagement plans, celebrating successes and raising the profile	X	
9.2. Adopt national approach to communications and engagement for research in Wales	X	
9.3. Have active representation on HCRW Communications Alliance	X	
9.4. Develop plans to raise awareness of research among local diverse communities, including proactive engagement with underrepresented groups, in partnership with researchers, the voluntary sector and local communities	X	
9.5. Include research in NHS organisation's equality, diversity and inclusion plans with a strong commitment to engagement with specific groups to address health inequalities in research	X	
9.6. Adopt national research campaigns and link local research with national HCRW research to maximise impact	X	
<ul style="list-style-type: none"> Adhere to the Health and Care Research Wales communications protocol and branding guidelines 		X
<ul style="list-style-type: none"> Engage in the bi-monthly Health and Care Research Wales alliances for communications and public involvement 		X



10. Research Impact

Features/ Terms and Conditions	R&D Framework	WG Terms and Conditions
10.1. Commitment to open access publishing for research findings and ensure researchers follow open access policies	X	
10.2. Systems in place to enable research from Wales, UK and beyond to influence practice and service delivery on an ongoing basis	X	
10.3. Develop plans to ensure research is supported during service redesign and informs new models of service delivery	X	
10.4. Work with HCRW to develop mechanisms for measuring the economic and societal value of research and its impact	X	



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Agenda Item No.

08

REPORT TITLE

2025/26 Quality governance reviews:
Committee annual report 2025/26 and cycle of business 2026/27

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	6 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Julie Boalch, Assistant Director of Corporate Governance & Risk Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

- | | |
|--|--|
| <input checked="" type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The committee received a full report on the 2025/26 quality and governance review outcomes at its meeting on the 7 October 2025. It was agreed that the committee's annual report and cycle of business would be brought back for approval prior to year-end. The revised terms of reference for the committee were endorsed via Chair's Action on 20 January 2026 due to the sequencing of this year's effectiveness review activity.
2. The full package of documents from the 2025/26 committee effectiveness reviews will be taken to the Audit, Risk and Assurance Committee on the 28 April 2026. This will include the Academic Partnership Committee's 2025/26 annual report and the AAA from this meeting once it is completed.
3. The committee is asked to discuss and approve its annual report for 2025/26 and its cycle of business for 2026/27, which has been updated in line with the changes to the terms of reference. The primary amendment is the transfer of education and training collaborations to the People & Culture Committee and commercial partnerships to the Finance & Performance Committee effective 01 April 2026. The APC will retain oversight of research and innovation activities within the Trust. This amendment reflects the outcome of the 2024/25 committee effectiveness review, the outputs of which continued into 2025/26.
4. During 2025/26 the committee met twice and met quorum on each occasion. This reflected the evolving remit of the committee within the wider board committee framework, and the business that it needed to consider. The committee is asked to review and approve its cycle of business for 2026/27. It has been suggested that the committee does not set priorities for the 2026/27 financial year.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is requested to:

1. Approve the draft Annual Report at **Annex 1**; and
2. Approve the draft Cycle of Business for 2026/27 at **Annex 2**.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 Academic Partnership Committee 2025/26 Annual Report

Annex 2 Academic Partnership Committee Cycle of Business 2026/27



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

n/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a



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ACADEMIC PARTNERSHIP COMMITTEE ANNUAL REPORT 2025/26

INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which the board's committees form an integral part.
4. The Academic Partnership Committee (APC) met on 7 October 2025 and, through a facilitated discussion, considered the board committee 2025/26 quality governance review, endorsing the position proposed by the Audit, Risk and Assurance Committee. The outcomes of the discussion on 7 October are described within this report. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to its terms of reference.
5. The Trust Board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will review the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is not anticipated that there will be material changes to this committee.



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PURPOSE OF THE COMMITTEE

6. The purpose of the Committee as set out in the 2024/25 terms of reference reflected the maturing University Trust Status (UTS) journey. The committee approached its remit with a mixture of *scrutiny* (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), *partnering* (ensuring the right partners were on the Committee, that appropriate arrangements were in place with partners), *connecting* (existing and new partners to research/programmes of work in WAST), and *inquisitorial* (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).

However, the committee's focus in 2025/26 was solely on the areas delegated from the board in relation to research and oversight of the Trust's research governance framework. This reflects the evolution of the Trust's governance for other committee responsibilities and the achievement of University Trust Status, which was the original purpose of the committee's establishment. Academic partnerships and research are now embedded across multiple areas of the Trust's strategy and planning processes, meaning that the committee's agendas had become less predictable and its business was naturally drawing to a close.

MEMBERSHIP AND ATTENDANCE

7. In light of this position, it was only necessary for the committee to meet twice in 2025/26 (and was quorate on each occasion). There were four meetings scheduled throughout 2025/26; however, its Members agreed to stand down two of the meetings for the reasons set out in paragraph seven. The committee met in October 2025 and March 2026, respectively.
8. The committee has been supported by the Chair and two Non-Executive Directors as members, and a number of prescribed attendees with good attendance. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2025/26.



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COMMITTEE ATTENDANCE				
Name	07 October 2025			
Hannah Rowan				
Prof Hayley Hutchings				
Jayne Beeslee				
Estelle Hitchon				
Carl Kneeshaw				
Andy Swinburn				
Jonny Sammut	Keith Dorrington			
Jonathan Chippendale				
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills	Julie Boalch			
Mark Marsden				
Keith Rogers				

	Attended
	Deputy attended
	Apologies received
	No longer member

TO BE UPDATED AFTER THE MARCH 2026 MEETING

- There has been one adjustment to the membership in year reflecting the restructure within the Quality, Safety and Patient Experience directorate. The role of the 'Assistant Director of Quality and Nursing' has been superseded by the role of 'Deputy Director of Remote Clinical Care.'

COMMITTEE'S VIEWS ON EFFECTIVENESS

Feedback from membership

- During 2024/25 the ARAC initiated a project to streamline the Trust's governance structures. Key drivers included Non-Executive Director availability, quorum pressures, the high volume of meetings and the transitional status of this committee following the achievement of University Trust Status.
- The ARAC project group considered a range of options, which culminated in a preferred option to reduce the number of board committees from seven to six by standing down the APC subject to Board approval.
- The APC met on the 7 October 2025 and considered the 2025/26 quality governance review, endorsing the position proposed by the ARAC to redistribute the committee's current responsibilities as follows:



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- 12.1. *Research*: To be transferred to the Finance and Performance Committee (FPC), aligning with Strategic Objective three and enabling integration with technology, commercialisation, and financial sustainability portfolios.
 - 12.2. *Partnerships*: Education and training collaborations to move to the People and Culture Committee (PCC), while commercial partnerships will be overseen by FPC.
 - 12.3. *University Trust Status (UTS)*: UTS is a designation, not a standalone programme. Oversight should focus on the contributing activities which are to be aggregated and monitored through the IMTP, with FPC ensuring visibility.
13. It was recommended that the APC continue to meet in 2026/27 for oversight of the research portfolio, with its other responsibilities related to education and training partnerships and collaboration transferring to the PCC, and commercial partnerships transitioning to the FPC from 1 April 2026.
14. The direct link to the paper setting out the position is available here: ambulance.nhs.wales/files/committee-meetings/academic-partnership-committee/papers-7-october-2025/.

Management of the committee's work programme

15. The committee has a cycle of business that is aligned to its terms of reference. A cycle of business for 2025/26 was not prepared due to the changes to the committee's remit; however, due to the ongoing discussions regarding the board committee framework and the position reached in year (as discussed on the 7 October), the business transacted was deliberately limited to matters regarding research and the research governance framework.
16. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert,' 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.
17. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 is included in the committee AAA reports which are linked below:

- 17.1. AAA: [7 October 2025](#)
- 17.2. AAA: [6 March 2026](#)



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18. The committee is required to promote and support the exploration of opportunities with higher and further education providers, commercial partners, and wider community partners for collaboration. The purpose of these sections 3.1 to 3.3 in the terms of reference and the way in which the committee discharges these were explored in the January meeting.
19. The board received a highlight report from this committee by email circulation following each meeting which included alerts, advice, and areas of assurance. This was also presented to the next public board meeting by the Chair of the committee.
20. All committee papers were published in line with the Trust's Board and Committees Secretariat Standard Operating Procedure.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

21. The changes to the terms of reference for 2026/27 reflect those proposed by the ARAC and as endorsed by the committee on the 7 October 2025. The two areas delegated by the board, which remain in the committee's terms of reference, are to:
 - 21.1. Oversee the strategic direction and development of research and innovation activities within the Trust, and to oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework,' and
 - 21.2. Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional, or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive.
22. The remaining changes to the terms of reference align them with updates made to other committee terms of reference and reflect adjustments to membership based on the revised remit. This is partly because the terms of reference were not amended for 2025/26, unlike those of the other committees.



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COMMITTEE PRIORITIES

Priorities for 2025/26




23. The committee did not set priorities for the 2025/26 due to the ongoing discussions regarding the board committee framework and its future role and remit.

Priorities for 2026/27

24. It is good practice for committees to set priorities for the forthcoming year when they review their effectiveness. However, given the agreed position regarding the committee and the changes to the terms of reference for 2026/27 it has been considered unnecessary to set priorities for the forthcoming year.

PAPER	PRE or POST-C'EE		Q2	Q4	LEAD	PURPOSE	COMMENT/COMPLIANCE
	FORUM	FREQUENCY					
ACADEMIC PARTNERSHIP COMMITTEE - CYCLE OF BUSINESS 2026/27							
TERMS OF REFERENCE NOTED IN RED TEXT							
3.1 Oversee the strategic direction and development of research and innovation activities within the Trust, and to oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework.							
3.2 Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional, or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive.							
Ongoing review of the HCRW research governance framework self-assessment	CQGG	Bi-annual			ADR&I	Assurance	See Note 2
Receipt of annual HCRW inspection report (and review of progress against previous report actions)	CQGG	Annually			ADR&I	Assurance	See Note 2
Research KPIs	CQGG	Ad Hoc			ADR&I	Assurance	See Note 2
Spotlight On Research	CQGG	Ad Hoc			ADR&I	Assurance	See Note 2
Research and Innovation Annual Report 2025/26	CQGG	Annually			ADR&I	Assurance	See Note 2
3.3 The Committee will monitor the principal risks relevant to its remit. It will consider the controls and mitigations of related risks and provide assurance to the Board that such risks are being effectively controlled and managed.							
Board Assurance Framework	ELT	Each meeting			DCG/BS	Assurance	TBC risks in the purview of the Committee
Corporate Risk Register	ELT	Each meeting			DCG/BS	Assurance	TBC risks in the purview of the Committee
3.4 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.							
Audit Recommendation Tracker	ADLT	Each meeting			DCG/BS	Assurance	
Audits within purview of Committee	Audit/ELT	Ad Hoc			DCG/BS	Assurance	
GOVERNANCE							
Committee effectiveness review annual report	Audit/Board	Annually			DCG/BS	Approval	
Review of Terms of Reference	Audit/Board	Annually			DCG/BS	Approval	
Committee Cycle of Business review	N/A	Annually			DCG/BS	Approval	
Committee Cycle of Business monitor	N/A	Each meeting			DCG/BS	Assurance	
Committee Review of Annual Priorities	N/A	Quarterly			Chair	Review	
SUB-GROUPS							
Sub-groups or task and finish group AAA	N/A	Ad Hoc			Relevant Director	Assurance	
PROMPTS							
External Reports	N/A	Ad Hoc			TBC	TBC	

DPE = Director of Partnerships and Engagement
ADR&I = Assistant Director of Research and Innovation
DCG/BS = Director of Corporate Governance/Board Secretary

 Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

General	<p>Cycle of business challenging given the maturing UTS journey and newly established committee.</p> <p>Approach proposed is a mixture of scrutiny (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), partnering (ensuring the right partners are on the Committee, that we have appropriate arrangements in place with partners), connecting (existing and new partners to research/programmes of work in WAST), and inquisitorial (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).</p>
Research	<p>In March 2021 all four nations of the UK published a 10 year vision for research - Saving and Improving Lives: The future of UK Clinical Research Delivery which lays out the ambition to create a world-leading UK clinical research environment.</p> <p>Phase 1 - recover research activity post-pandemic; build on visibility of research etc</p> <p>Phase 2 - focus on 5 themes over next 3 years (i) clinical research embedded in the NHS; (ii) people-centred research; (iii) streamlined, efficient and innovative research; (iv) research enabled by data and digital tools; (v) a sustainable and supported research workforce.</p> <p>WG letter of 21/7/22 sought support from NHS Bodies to ensure that research is more visible at board level and championed by a NED to ensure research is actively promoted and supported.</p> <p>Research KPIs to be agreed in 2024/25.</p> <p>National framework presented in August meeting. Updates quarterly whilst being self-assessed.</p> <p>Added annual report.</p> <p>240524: At the July ASM meeting it was agreed that the RGF updates would be received at every other mtg; so the next update is for Q3 (and to be Q1 and Q3 on an ongoing basis).</p>
Deep Dives	<p>As part of the inquisitorial nature of the Committee, drill down into elements of priorities and other programmes where we are partnering with academic and industry to foster and promote.</p>